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EXHIBIT A

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210-0110 1210-0089

2021

This Form is Open to Public Inspection

			Inspection					
Part I Annual Report Id	lentification Information							
For calendar plan year 2021 or fisc	al plan year beginning 04/01/2021	and ending 03/31/202	2					
A This return/report is for:	This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)							
B This return/report is:	the first return/report	the final return/report						
	an amended return/report	a short plan year return/report (less than 12 r	nonths)					
C If the plan is a collectively-barga	ained plan, check here		. 🗙					
D Check box if filing under:	X Form 5558	automatic extension	the DFVC program					
	special extension (enter description	n)						
E If this is a retroactively adopted	plan permitted by SECURE Act section	201, check here	,					
Part II Basic Plan Inform	nation—enter all requested information	n						
1a Name of plan			1b Three-digit plan					
NFL PLAYER DISABILITY & SUI	RVIVOR BENEFIT PLAN		number (PN) ▶ 501 1c Effective date of plan					
			07/01/1993					
2a Plan sponsor's name (employe Mailing address (include room City or town, state or province,	2b Employer Identification Number (EIN) 52-1852594							
DISABILITY BOARD OF THE NFI	L PLAYER DISABILITY & SURVIVOR BI	ENEFIT PLAN	2c Plan Sponsor's telephone number 800-638-3186					
200 ST. PAUL STREET SUITE 2420 BALTIMORE, MD 21202			2d Business code (see instructions) 711210					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	12/19/2022 Date	BELINDA LERNER Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	12/08/2022 Date	SAM MCCULLUM Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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	Form 5500 (2021)	Pa	ge 2			
3a	Plan administrator's name and address X Same as Plan Sponsor				3b Adr	ninistrator's EIN
						ninistrator's telephone nber
4	If the name and/or EIN of the plan sponsor or the plan name has changed si enter the plan sponsor's name, EIN, the plan name and the plan number from				4b EIN	V 52-1852594
а	Sponsor's name DISABILITY BOARD OF THE NFL PLAYER DISABILITY 8				4d PN	
С	Plan Name NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PL	AN				501
5	Total number of participants at the beginning of the plan year				5	20997
6	Number of participants as of the end of the plan year unless otherwise state $6a(2)$, $6b$, $6c$, and $6d$).	d (welfare plar	is com	plete only lines 6a(1),		
a(1) Total number of active participants at the beginning of the plan year				6a(1)	2775
a(2) Total number of active participants at the end of the plan year				6a(2)	2819
b	Retired or separated participants receiving benefits				6b	2713
С	Other retired or separated participants entitled to future benefits				6c	7110
d	Subtotal. Add lines 6a(2), 6b, and 6c				6d	12642
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits.			6e	
f	Total. Add lines 6d and 6e				6f	
g	Number of participants with account balances as of the end of the plan year complete this item)				6g	
h	Number of participants who terminated employment during the plan year wit				6h	
7	less than 100% vested				7	32
8a	If the plan provides pension benefits, enter the applicable pension feature co		•			
b	If the plan provides welfare benefits, enter the applicable welfare feature coc 4H 4U	des from the Li	st of P	lan Characteristics Code	s in the in	structions:
9a	Plan funding arrangement (check all that apply)		enefit a	arrangement (check all th	at apply)	
	(1) Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)	H	Insurance Code section 412(e)(3)	insurance	e contracts
	(3) X Trust	(3)	X	Trust	insurance	Contracts
	(4) General assets of the sponsor	(4)		General assets of the s	ponsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and,	where	indicated, enter the num	ber attach	ned. (See instructions)
а	Pension Schedules	b Gener	al Sch	edules		
	(1) R (Retirement Plan Information)	(1)	X	H (Financial Inform	mation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)		I (Financial Inforr	nation – S	Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3)		A (Insurance Info	rmation)	
	actuary	(4)	X	C (Service Provid	er Informa	ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)		D (DFE/Participat	ing Plan I	nformation)
	Information) - signed by the plan actuary	(6)	П	G (Financial Trans	saction So	chedules)

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Form 5500 (2021) Page **3**

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)
If "Yes" is checked, complete lines 11b and 11c.
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Receipt Confirmation Code

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

2021

Employee Benefits Security Administration		File as an attachment to Form 5500.			This Form is Open to Public Inspection.	
	efit Guaranty Corporation an year 2021 or fiscal plar	year beginning 04/01/2021	and ending 03	/04/0000	epecue	
		1 year beginning 04/01/2021	1	/31/2022		
A Name of pla		D DENIETT DI ANI	B Three-digit		504	
NFL PLAYER	DISABILITY & SURVIVO	R BENEFII PLAN	plan number (PN)	<u> </u>	501	
C Plan sponso	or's name as shown on line	e 2a of Form 5500	D Employer Identification	ation Numbe	r (EIN)	
DISABILITY B	OARD OF THE NFL PLA	YER DISABILITY & SURVIVOR BENEFIT PLAN	S2-1852594			
Part I Se	rvice Provider Infor	mation (see instructions)				
or more in total plan during the answer line 1 Information Check "Yes" of indirect compositions of the pour answer.	al compensation (i.e., mone plan year. If a person rebut are not required to incomo non Persons Recent or "No" to indicate whether ensation for which the planted line 1a "Yes," enter the eligible indirect compensation	ince with the instructions, to report the information ey or anything else of monetary value) in connectived only eligible indirect compensation for what is a light of the person when completing the remainder in the indirect compensation of the person when completing the remainder in the remainder of the required disclosures (see instruction of the required disclosures (see instruction). Complete as many entries as needed (see	ction with services rendered to which the plan received the require of this Part. sation of this Part because they receions for definitions and conditions and the required disclosures to instructions).	o the plan or quired disclos	the person's position with the sures, you are required to	
	(b) Enter name	and EIN or address of person who provided you	u disclosures on engible indire		uon	
	(b) Enter name	and EIN or address of person who provided you	u disclosures on eligible indire	ct compensa	tion	
	(b) Enter name	and EIN or address of person who provided you	u disclosures on eligible indire	ct compensa	tion	
	(h) Enter nomo	and EIN or address of person who provided you	u disclosuras on aligibla indiro	ot compens	tion	
	(D) Linter Hairie	and Envior address of person who provided you	a disclusures on eligible indire	or compensa	1011	

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Schedule C	(Form 5500) 2021 Page 2	2- 1
	(b) Enter name and EIN or address of person who provided you disclos	sures on eligible indirect compensation
	(b) Enter name and EIN or address of person who provided you disclos	sures on eligible indirect compensation
	(b) Enter name and EIN or address of person who provided you disclos	sures on eligible indirect compensation
	(b) Enter name and EIN or address of person who provided you disclos	sures on eligible indirect compensation
	(b) Enter name and EIN or address of person who provided you disclos	sures on eligible indirect compensation
	(0) 2	
	(b) Enter name and EIN or address of person who provided you disclos	sures on eligible indirect compensation
	(b) Enter name and EIN or address of person who provided you disclos	sures on eligible indirect compensation
	4)-	
	(b) Enter name and EIN or address of person who provided you disclos	sures on eligible indirect compensation

Page 3 -	1
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) B BELL/P ROZELLE NFL PLAYER RET PL 13-6043636 (b) (c) (d) (e) (f) (g) (h) Did service provider Enter total indirect Did indirect compensation Service Relationship to Enter direct Did the service include eligible indirect Code(s) employer, employee compensation paid receive indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none, compensation? (sources compensation, for which the formula instead of other than plan or plan person known to be enter -0-. plan received the required eligible indirect an amount or compensation for which you a party-in-interest sponsor) disclosures? estimated amount? answered "Yes" to element (f). If none, enter -0-. **NONE** 4903174 49 50 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) **GROOM LAW GROUP, CHARTERED** 52-1219029 (b) (f) (c) (d) (e) (g) (h) Did the service Did indirect compensation Enter total indirect Service Relationship to Enter direct Did service provider Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none, compensation? (sources compensation, for which the service provider excluding organization, or formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. **NONE** 4509723 29 50 Yes No Yes No X Yes No (a) Enter name and EIN or address (see instructions) **AON** 22-2232264 (b) (f) (h) (c) (d) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service receive indirect include eligible indirect Code(s) employer, employee compensation paid compensation received by provider give you a organization, or by the plan. If none, compensation? (sources compensation, for which the service provider excluding formula instead of person known to be plan received the required eligible indirect enter -0-. other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 394559 16 50 **NONE** Yes No X Yes No Yes No

Code(s) employer, employee organization, or person known to be a party-in-interest 49 50 NONE 373000 Yes No Yes Yes No Yes							
(a) Enter name and EIN or address (see instructions) BARRY J. MCCASLAND, M.D., P.C. 58-1318583 (c) Relationship to employer, employee organization, or person known to be a party-in-interest of code(s) (d) Enter direct organization, or person known to be a party-in-interest of code(s) (a) Enter name and EIN or address (see instructions) (b) Enter office to employer, employee organization, or person known to be a party-in-interest organization (sources) (a) Enter name and EIN or address (see instructions) (b) Enter name and EIN or address (see instructions) (c) Enter office to employer, employee organization, or person known to be a party-in-interest organization organiz	answered	"Yes" to line 1a above	e, complete as many e	entries as needed to list ea	ch person receiving, directly or	indirectly, \$5,000 or more in t	otal compensation
(a) Enter name and EIN or address (see instructions) Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest Enter direct compensation paid party-in-interest Enter direct compensation paid party-in-interest Enter direct compensation or plan sponsor) Did indirect compensation receive compensation, for which the plan received the required disclosures? Did indirect compensation, for which the plan received the required disclosures? Provider receive indirect compensation, for which the plan received the required disclosures? Provider received the required required required received the required required required required received the required received the required required required required required required required received the required r	(i.e., mone	ey or anything eise of v				pian during the pian year. (Se	ee instructions).
(d) Enter direct compensation receive indirect compensation from the plan received the required disclosures? (d) Enter direct compensation (sources other than plan or plan sponsor) (a) Enter name and EIN or address (see instructions) (b) Service Code(s) enployer, employee organization, or person known to be a party-in-interest enter -0 (a) Enter name and EIN or address (see instructions) (b) Code(s) enter direct compensation (sources other than plan or plan sponsor) (a) Enter name and EIN or address (see instructions) (b) Code(s) enter direct compensation for white an address (see instructions) (c) Service Code(s) enter direct compensation to be a party-in-interest enter -0 (d) Enter direct compensation paid by the plan. If none, enter -0 (e) Did indirect compensation include eligible indirect compensation for white and the plan received the required disclosures? (d) Enter direct compensation paid of the plan if none, enter -0 (e) Did service provider exic enter direct compensation include eligible indirect compensation for white and plan or plan sponsor) (d) Enter name and EIN or address (see instructions) Enter total indirect compensation receive indirect compensation paid by the plan. If none, enter -0 (e) Did indirect compensation include eligible indirect compensation for white the plan received the required disclosures? (g) Enter total indirect compensation include eligible indirect compensation received the required plan received the required plan received the required disclosures? (g) Enter total indirect compensation include eligible indirect compensation received the required plan received the required p	BARRY J.	MCCASLAND, M.D.,	P.C.	· ·	<u> </u>		
Service Code(s) employer, employee open stonom to be a party-in-interest enter -0. Code(s)	58-131858	33					
(a) Enter name and EIN or address (see instructions) THOMAS G. BURNS, PSY.D., ABPP-CN 58-2262050 (b) (c) Relationship to employer, employed organization, or person known to be a party-in-interest enter -0 (a) Enter name and EIN or address (see instructions) (b) (c) Relationship to employer, employed organization, or person known to be a party-in-interest enter -0 (a) Enter name and EIN or address (see instructions) (b) (c) Relationship to employer, employed organization, or which the plan received the required disclosures? (c) Enter total indirect compensation for which the plan received the required disclosures? (a) Enter name and EIN or address (see instructions) (a) Enter name and EIN or address (see instructions) (a) Enter name and EIN or address (see instructions) (b) (c) Relationship to employer, employed organization, nor be person known to be person k	Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
THOMAS G. BURNS, PSY.D., ABPP-CN 58-2262050 (b) (c) Relationship to employer, employee organization, or person known to be a party-in-interest of a party-in-interest of code(s) NONE 333000 Yes No M Yes No Yes No Yes No M Yes	9 50	NONE	373000	Yes No X	Yes No		Yes No
THOMAS G. BURNS, PSY.D., ABPP-CN 58-2262050 (b) (c) Relationship to employer, employee organization, or person known to be a party-in-interest of a party-in-interest of code(s) NONE 333000 Yes No M Yes No Yes No Yes No M Yes			(a) Enter name and EIN or	address (see instructions)		
Service Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest NONE Relationship to employer, employee organization, or person known to be a party-in-interest (a) Enter name and EIN or address (see instructions) Enter total indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? (b) Code(s) Relationship to employee, employee organization, or person known to be organization, or person known to be organization, or person known to be enter -0 (d) Enter name and EIN or address (see instructions) (e) Did indirect compensation include eligible indirect compensation for which the plan received the required disclosures? (a) Enter name and EIN or address (see instructions) (b) Code(s) Relationship to employee, employee organization, or person known to be enter -0 (d) Enter direct compensation include eligible indirect compensation include eligible indirect compensation include eligible indirect compensation include eligible indirect compensation for which the plan received the required disclosures? (a) Enter total indirect compensation plant include eligible indirect compensation include eligible indirect compensation for which the plan received the required disclosures? (b) Code(s) Relationship to employee, employee organization, or person known to be enter -0 Potential indirect compensation include eligible indirect compensation for which the plan received the required eligible indirect compensation receive indirect compensation? (c) Did indirect compensation include eligible indirect compensation for which the plan receive indirect compensation? (d) Enter oracle include eligible indirect compensation for which the plan receive indirect compensation for which the plan receive indirect compensation for which the plan received the required disclosures?			ABPP-CN				
(a) Enter name and EIN or address (see instructions) ERIC J. BRAHIN, M.D., PLLC (b) (c) Relationship to employer, employee organization, or person known to be enter -0 (d) (e) (f) (f) (g) Enter direct compensation include eligible indirect compensation? (sources other than plan or plan plan received the required eligible indirect eligible indirect compensation for which the plan received the required eligible indirect eligible indirect compensation?	Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
the district of the part of th	9 50	NONE	333000	Yes No X	Yes No		Yes No
(b) (c) Relationship to employer, employee organization, or person known to be (d) Enter direct compensation paid by the plan. If none, enter -0 (d) (e) Did service provider receive indirect compensation include eligible indirect compensation, for which the plan received the required (g) Enter total indirect compensation, for which the plan received the required eligible indirect eligible indirect compensation.			(a) Enter name and EIN or	address (see instructions)		
(b) (c) Relationship to Code(s) Replayer, employee organization, or person known to be (c) Service (c) Relationship to Enter direct compensation paid by the plan. If none, enter -0 (d) (e) (f) (f) (g) Enter total indirect compensation include eligible indirect compensation, for which the plan received the required eligible indirect eligible indirect compensation.							
Service Code(s) Relationship to employer, employee organization, or person known to be Relationship to employer, employee organization, or person known to be Relationship to employer, employee organization, or person known to be Relationship to employer, employee compensation paid by the plan. If none, enter -0 Did service provider receive indirect compensation include eligible indirect compensation, for which the plan received the required eligible indirect compensation include eligible indirect compensation plan received the required eligible indirect compensation include eligible indirect compensation eligible indirect compensation include eligible indirect compensation eligible indirect eli		T					1
answered "Yes" to ele	Service	Relationship to employer, employee organization, or	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources	Did indirect compensation include eligible indirect compensation, for which the	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 NONE 324000 Yes No X Yes No No	9 50	NONE	324000	Yes No X	Yes No	_	Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
ERNEST	FUNG, PH.D					
83-144886	65					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	306000	Yes No 🛚	Yes No		Yes No
		-	a) Enter name and EIN or	address (see instructions)		
DEAN C. 81-060872	DELIS, CLINICAL PS\	`	•	,		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	302000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
NICOLE V 81-431931	VERNER, PH.D., LLC					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	288000	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
DOUGLAS	S B. COOPER, PH.D.,	ABPP-CN				
45-428132	20					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	262000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JUSTIN JI 47-451687	F O'ROURKE, PH.D. A	ABPP-CN				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	258000	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ALL FLOR	RIDA ORTHOPAEDIC	ASSOCIATES				
59-268199	90					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	223959	Yes No 🛚	Yes No		Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	r address (see instructions)		
SOUTH B	BROWARD HOSPITAL	DISTRICT				
59-601497	73					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	210663	Yes No 🛚	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
58-10807	REE ORTHOPEDIC C 40	LINIC				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	191543	Yes No X	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
MARK JO	ORDAN TULLMAN, M.I	D.		ONTENAC ESTATES DRIVE TENAC, MO 63131		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	182500	Yes No 🛚	Yes No		Yes No

	•	,				
				r Indirect Compensation ch person receiving, directly or		
(i.e., mone	ey or anything else of	•		ne plan or their position with the	plan during the plan year. (Se	ee instructions).
			(a) Enter name and EIN or	r address (see instructions)		
JOHN RA	BUN, M.D., LLC					
45-252904	46					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	177000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
RODNEY	D. VANDERPLOEG, I	PH.D.	SUITE	ID AVENUE NE 322 PETERSBURG, FL 33701		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	177000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
KATHERII	NE BRIGGS BROWNI	<u> </u>	2121 Y	ORKSHIRE ROAD R ARLINGTON, OH 43221		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	171000	Yes No 🛚	Yes No		Yes No

Page	3	-	7

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	r address (see instructions)		
THOMAS	A. CRUM, PH.D., ABI	PP, PA				
85-124970	63					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	168000	Yes No 🛚	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
LAURA D 47-30333	DESADIER, D.O.					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	166000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
CHARLEI	NE BANG, PSYD		#2B	78TH STREET SON HEIGHTS, NY 11372		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	166000	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		((a) Enter name and EIN or	r address (see instructions)		
LAUREN	DRAG, PH.D					
82-072600	06					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	163000	Yes No 🛚	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
ROBERT	L HEILBRONNER, PH	ł.D.	SUITE	MICHIGAN AVENUE 1828 GO, IL 60601		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	158359	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		l
SILVANA	RIGGIO, M.D.		SUITE	AST 87TH STREET W20C YORK, NY 10128		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	154000	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
KEVIN KE	SSLER, M.D., P.A.					
20-138821	0					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	147412	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
F. HARLA	N SELESNICK, M.D.	·	13101 SUITE	S. DIXIE HIGHWAY		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	147000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
NEAL DE	UTCH, PH.D. & ASSO	CIATES				
	1	(4)	(0)	(f \	(n)	(h)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	142200	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
(,	-, or any aming older or	*		address (see instructions)	prant danning the prant years (ex	
MARTIN S	STRASSNIG, M.D.					
81-386757	74					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	142000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
76-036358	N ORTHOPEDIC GRC	OUP, LLP				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	139953	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
PERRY O	RTHO & SPORTS ME	EDICINE, P.A.				
56-225832	22					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	138736	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
ANNETTE	E OKAI, P.A.					
45-523533	37					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	138000	Yes No 🛚	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
T5-600286	ACRITZ, PH.D.					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	136000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
UNIVERS	ITY PHYSICIANS, INC	C.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	133000	Yes No 🛚	Yes No		Yes No

49 50

NONE

130000

Yes No X

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2. Inform	nation on Other S	Service Providers	s Receiving Direct o	r Indirect Compensation	Except for those persons	for whom you
answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in	total compensation
(1121, 11121		•		r address (see instructions)	<u> </u>	,
VHS OUT	FPATIENT CLINICS, IN	NC.		<u> </u>		
62-18168	23					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	132122	Yes No 🛚	Yes 📗 No 📗		Yes No
		(a) Enter name and EIN or	address (see instructions)	-	
OSU PSY 20-04372	/CHIATRY, LLC 35					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	130000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
WILLIAM	GARMOE, PH.D.		SUITE	GALLANT FOX LANE 107 E, MD 20715		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount

Yes No

Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
FLORIDA	SPORTS INJURY					
45-280683	34					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	129033	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
VIRGIL M	EDLOCK III, M.D.			IVINGSTON AVE AS, TX 75205		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount.
49 50	NONE	124000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		<u> </u>
	V W. NORMAN, M.D.,	LLC				
20-033202	1					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	123500	Yes No X	Yes No		Yes No

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
-			(a) Enter name and EIN o	r address (see instructions)		
AAKASH	SHAH, M.D.		SUITE	VEST 119TH STREET 308 LAND PARK, KS 66209		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	120000	Yes No X	Yes No		Yes No
	1		a) Enter name and FIN or	address (see instructions)		
RR DONN 52-212512	NELLEY RECEIVABLE	S, INC.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	118982	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
PREM PA	ARMAR, M.D.					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	116030	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
MICHAEL	LARDON, M.D.			CONVOY STREET #318 IEGO, CA 92111		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
49 50	NONE	114000	Yes No 🛚	Yes No		Yes No
		<u>'</u>	a) Enter name and EIN or	address (see instructions)		
13-193856	ORPORATION 58					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
49 50	NONE	113859	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
GEORGE 81-139030	J. DEMAKIS, PH.D.					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	109000	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
OSU NEU	JROSCIENCE CENTE	R, LLC				
31-14661	15					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
49 50	NONE	105500	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
47-547704	& ASSOCIATES					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
49 50	NONE	101892	Yes No X	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
ORTHOP	EDIC CENTERS OF C	COLORADO				
47-502119	91					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	98775	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
SELENA E	ELLIS, M.D.					
20-263137	73					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	95000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
TARA VIC	TOR, PH.D., ABPP/A	BCN	SUITE	TH STREET 301 A MONICA, CA 90404		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	94000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
GREGOR 20-401569	Y MACK, M.D., INC.					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	91470	Yes No 🛚	Yes No		Yes No

			(a) Enter name and EIN or	r address (see instructions)		
STEPHEN	N MACCIOCCHI, PH.E).		OX 189 LE HILL, GA 30148		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	90000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	addraga (aga instructions)		
STEVEN	EPSTEIN, M.D.		2115 V SUITE	VISCONSIN AVENUE NW		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	90000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	1	
COLORA 84-123848	DO REHAB & OCCUP	ATIONAL MED.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	82500	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
PRESTON	N WOLIN, M.D.					
36-381540	02					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	80434	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	ı	
LAWRENG 45-401786	CE MURPHY, M.D.	· ·	•			
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	80000	Yes No 🛚	Yes No		Yes No
	l	(a) Enter name and EIN or	address (see instructions)		
PAUL S. S	SAENZ, D.O., P.A.					
74-261345	58					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	79072	Yes No 🛚	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
DAVID F.	CLARK, M.D.					
83-186307	71					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	79000	Yes No X	Yes No		Yes No
			(a) Enter name and FIN or	address (see instructions)		
OSU SPC	PRTS MEDICINE CEN					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	78000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ALAN BRI 81-192476	EEN, PH.D., LLC					
(b) Service Code(s)	(c) Relationship to employer, employee	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	77000	Yes No 🛚	Yes No		Yes No

-						
answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
-		((a) Enter name and EIN o	r address (see instructions)		
EDWIN A	MOS, M.D.					
95-44635	41					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	76000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
33-083430				10		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	74768	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
SALMAN	AZHAR, M.D.		#4B	EST 17TH STREET YORK, NY 10011		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	74000				

Yes No

Yes No

Yes No X

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
				address (see instructions)	<u> </u>	•
DAVID F.	APPLE JR., M.D.			PEACHTREE ROAD NW ITA, GA 30309		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	71370	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
SANDEER 84-392975	P AGGARWAL, M.D.					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	69000	Yes No X	Yes No		Yes No
	•	(a) Enter name and EIN or	address (see instructions)		
THE BAN	K OF NEW YORK ME	LLON				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
21 50	NONE	67790	Yes X No	Yes X No [0	Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN o	r address (see instructions)		
ATLANTA	NEUROPSYCHOLO	GY, LLC				
46-123278	32					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	66000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
PATE RE 75-222975	HABILITATION ENDE	AVORS, INC.				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	65000	Yes No 🛚	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
PSYCHIA	TRIC ASSOC. OF AT	LANTA, LLC				
01-068399	90					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	65000	Yes No X	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
-		((a) Enter name and EIN o	r address (see instructions)		
CHRISTO	PHER GRAVER, PH.	D.				
82-122397	71					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	63000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	l	
ORRIN SI	HERMAN, M.D.		P.O. B	ANIELS LANE OX 735 PONACK, NY 11962		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	60000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	,	
ORTHOP 65-088236	AEDIC CARE SPECIA	ALISTS				
(b) Service	(c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
Code(s)	employer, employee organization, or person known to be a party-in-interest	compensation paid by the plan. If none, enter -0	receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	provider give you formula instead o an amount or estimated amount
49 50	NONE	58900	Yes No 🗵	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
MATTHE	WS GWYNN, M.D.					
58-213982	20					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	58500	Yes No X	Yes No		Yes No
	1	<u>'</u>	(a) Enter name and FIN or	address (see instructions)		
MARCUS 46-073849	P. COOK, M.D.	,	···			
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	57661	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JONATHA 13-300119	AN CHARNEY, M.D.					
	T	1			T	T
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	55000	Yes No 🛚	Yes No		Yes No

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-		((a) Enter name and EIN o	r address (see instructions)		
ALVIN DE	ETTERLINE, M.D.			FOXLAND ROAD NIX, MD 21131		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	55000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	,	
DAVID J.	BELFIE, M.D.			17TH AVENUE NW ELINE, WA 98177		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	51500	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ZORICA F	FILIPOVIC-JEWELL, N	Л.D.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	51000	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
•		. ((a) Enter name and EIN or	r address (see instructions)	· · · · · · · · · · · · · · · · · · ·	,
MENORA	H MEDICAL GROUP,	LLC				
80-060977	78					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	49212	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
EDWARD	A. RANKIN, M.D.			ROCTON COURT Y CHASE, MD 20815		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	47349	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
74-201007	M. BARRETT, M.D.,	P.A.				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	42000	Yes No X	Yes No		Yes No

				r Indirect Compensation ch person receiving, directly or		
				ne plan or their position with the		
			(a) Enter name and EIN or	address (see instructions)		
JOEL PAR	RKER, M.D.					
47-094458	32					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	42000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
BRETT PI 46-561030	LYLER, M.D.					
	1	T			T	
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	42000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
CHARLES	S A. BUSH-JOSEPH, I	M.D.		LINCOLN ALE, IL 60521		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	39948	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
I 5 MEDIC	CAL GROUP, INC.					
01-072848	33					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	39500	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
PROFESS 45-393100	SIONAL FIDUCIARY S	SERVICES LLC				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	38592	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JAMES YO	OUNGJOHN, PH.D., A	ABPP-CN				
86-074976	64					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	37000	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
TERRY L	AMAR THOMPSON, N	M.D.		BEORGIA AVENUE NW INGTON, DC 20060		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	36000	Yes No X	Yes No		Yes No
		(a) Enter name and FIN or	address (see instructions)		•
JOHN HE	FFERON, MD		APT 50	I. SANDBURG TERR 08 IGO, IL 60610		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	30000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
SAMUEL 95-361403	I. MILES, M.D. A PRO	F. CORP.				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	27500	Yes No X	Yes No		Yes No

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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
(a) Enter name and EIN or address (see instructions) CLOUDBERRY CREATIVE, INC.						
27-127103	32					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38 50 70	NONE	26494	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
AFFILIATE 86-025798	ED NEUROLOGISTS,	LTD.				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	25000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
DAVID SA 87-473072	LISBURY, M.D., C.B.					
(b)	(c)	(4)	(0)	/ f \	(a)	(b)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	25000	Yes No X	Yes No		Yes No

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2. Inform	ation on Other S	ervice Providers	s Receiving Direct o	r Indirect Compensation	Except for those persons	for whom you
				ch person receiving, directly or		
(i.e., mone	ey or anything else or			ne plan or their position with the	plan during the plan year. (Se	ee instructions).
			(a) Enter name and EIN or	address (see instructions)		
ABRAMS, FOSTER, NOLE & WILLIAMS, PA						
52-185404	19					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
10 50	NONE	23100	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
OUDIOTIA	IE OLIANO M.B.	,	,			
CHRISTIN	NE CHANG, M.D.					
82-386074	18					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	21000	Yes No 🛚	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
BAPTIST	HEALTH MEDICAL G		a) Enter name and Env or	address (see institutions)		
26-088605	56					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	20732	Yes No X	Yes No		Yes No

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) MID STATE ORTHO & SPORTS MEDICINE 72-1310991 (b) (c) (d) (e) (f) (g) (h) Did service provider Enter total indirect Did indirect compensation Service Relationship to Enter direct Did the service include eligible indirect Code(s) employer, employee compensation paid receive indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none, compensation? (sources compensation, for which the formula instead of person known to be other than plan or plan enter -0-. plan received the required eligible indirect an amount or disclosures? compensation for which you a party-in-interest sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. **NONE** 20589 49 50 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) STEPHEN M. SERGAY, M.D. 83-3787991 (f) (b) (c) (d) (e) (g) (h) Relationship to Did the service Did indirect compensation Enter total indirect Service Enter direct Did service provider Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none, compensation? (sources compensation, for which the service provider excluding organization, or formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. **NONE** 19000 49 50 Yes No Yes No X Yes No (a) Enter name and EIN or address (see instructions) MEDSTAR NATIONAL REHAB CENTER, INC. 52-1369749 (b) (d) (f) (h) (c) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee receive indirect include eligible indirect Code(s) compensation paid compensation received by provider give you a organization, or by the plan. If none, compensation? (sources compensation, for which the service provider excluding formula instead of person known to be plan received the required eligible indirect enter -0-. other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 16000 49 50 **NONE** Yes No X Yes No Yes No

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) HEALTHTEXAS PROVIDER NETWORK 91-1947573 (b) (c) (d) (e) (f) (g) (h) Did service provider Enter total indirect Did indirect compensation Service Relationship to Enter direct Did the service include eligible indirect Code(s) employer, employee compensation paid receive indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none, compensation? (sources compensation, for which the formula instead of other than plan or plan person known to be enter -0-. plan received the required eligible indirect an amount or disclosures? compensation for which you a party-in-interest sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 12392 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) UT HEALTH SCIENCE AT SAN ANTONIO 74-1586031 (b) (f) (c) (d) (e) (g) (h) Relationship to Did the service Did service provider Did indirect compensation Enter total indirect Service Enter direct Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none, compensation? (sources compensation, for which the service provider excluding organization, or formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. **NONE** 12000 49 50 Yes No Yes No X Yes No (a) Enter name and EIN or address (see instructions) ALIGHT HOLDING COMPANY, LLC 82-1061233 (b) (d) (f) (h) (c) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee receive indirect include eligible indirect Code(s) compensation paid compensation received by provider give you a organization, or by the plan. If none, compensation? (sources compensation, for which the service provider excluding formula instead of person known to be plan received the required eligible indirect enter -0-. other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 11875 15 50 **NONE** Yes No X Yes No Yes No

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				r Indirect Compensation		
				ch person receiving, directly or		
(I.e., mon	ey or anything else of			ne plan or their position with the	plan during the plan year. (So	ee instructions).
			(a) Enter name and EIN or	address (see instructions)		
SPORTS	MED. ASSOC. OF SA	N ANTONIO				
90-012019	92					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you
Code(s)	organization, or	by the plan. If none,	compensation? (sources	compensation, for which the	service provider excluding	formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you	estimated amount
					answered "Yes" to element (f). If none, enter -0	
					(1)	
49 50	NONE	11207				
			Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
STANFOR	RD HEALTH CARE					
94-617406	66					
	1	1	Γ			
(b)	(c)	_ (d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you
Code(s)	organization, or	by the plan. If none,	compensation? (sources	compensation, for which the	service provider excluding	formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount
					(f). If none, enter -0	
40.50	NONE	44050				
49 50	NONE	11052	Yes No X	Yes No		Yes No
			165 [] 116 []	100 []		
		(a) Enter name and EIN or	address (see instructions)		
HOSPITA	LS INSURANCE COM	IPANY, INC.				
13-340946	66					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee		receive indirect	include eligible indirect	compensation received by	provider give you
	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest	Chick -0	sponsor)	disclosures?	compensation for which you	
			, ,		answered "Yes" to element	
					(f). If none, enter -0	
49 50	NONE	10778	_	_		
			Yes No X	Yes No		Yes No

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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		((a) Enter name and EIN o	r address (see instructions)		
HOWARE	UNIVERSITY HOSP	ITAL				
53-01969	61					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead o an amount or estimated amount
49 50	NONE	9870	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
20-22151	GO IMAGING, LLC					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
49 50	NONE	8900	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
BEST OF	BEST GIFTS, LLC					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	8562	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation	indirectly, \$5,000 or more in t	otal compensation
(i.e., mon	ey or anything else of	·		e plan or their position with the address (see instructions)	pian during the pian year. (S	ee instructions).
HUSSEIN	A. ELKOUSY, M.D., F		(a) Enter Hame and Ent of	address (see medastens)		
	,					
46-050185	57					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	8000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
32-039100 (b)	JOSEPH ORTHOPAE	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
49 50	NONE	7750	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
MEDSTAI 52-221858	R-GEORGETOWN ME	EDICAL CENTER				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	6000	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-		((a) Enter name and EIN o	r address (see instructions)		
AMIT TAN	NDON, M.D.			CREIGHTON DRIVE ELL, OH 43065		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	6000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
85-287139	N A. MINES, M.D. 95					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
49 50	NONE	5600	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee	(d) Enter direct compensation paid	(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service
	organization, or person known to be a party-in-interest	by the plan. If none, enter -0		compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or
						_

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Part I	Service Provider Information (continued)		
or provide questions provider of	ported on line 2 receipt of indirect compensation, other than eligible indirect compensations contract administrator, consulting, custodial, investment advisory, investment manage for (a) each source from whom the service provider received \$1,000 or more in indirect gave you a formula used to determine the indirect compensation instead of an amount ries as needed to report the required information for each source.	gement, broker, or recordkeeping ct compensation and (b) each sou	services, answer the following irce for whom the service
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
	(d) Enter name and EIN (address) of source of indirect compensation		ompensation, including any the service provider's eligibility ie indirect compensation.
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect
	(d) Enter name and EIN (address) of source of indirect compensation		ompensation, including any the service provider's eligibility the indirect compensation.
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	(d) Enter name and EIN (address) of source of indirect compensation		ompensation, including any the service provider's eligibility in indirect compensation.

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Pa	rt II Service Providers Who Fail or Refuse to	Provide Inform	mation
4	Provide, to the extent possible, the following information for eathis Schedule.	ach service provide	r who failed or refused to provide the information necessary to complete
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see	(b) Nature of Service	(C) Describe the information that the service provider failed or refused to
	instructions)	Code(s)	provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service	(C) Describe the information that the service provider failed or refused to provide
	iiisti uctions)	Code(s)	ριονίαε

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	(complete as many entries as needed) Name: ABRAMS, FOSTER, NOLE & WILLIAMS, PA	b EIN: 52-1854049
	Position: ACCOUNTANTS	
<u>:</u> I	Address: 2 HAMILL ROAD SUITE 241 W. QUADRANGLE BALTIMORE, MD 21210	e Telephone: 410-433-6830
Ξx	coplanation: A NEW AUDITOR WAS HIRED AS A RESULT OF A REQUEST FOR WAS TERMINATED DURING THE PLAN YEAR ENDED MARCH 31,	PROPOSAL (RFP) PROCESS. ABRAMS, FOSTER, NOLE & WILL 2022.
1	Name:	b EIN:
)	Position:	
b	Address:	e Telephone:
Ex	xplanation:	
a	Name:	b EIN:
C	Position:	
d	Address:	e Telephone:
Ex	xplanation:	
a	Name:	b EIN:
0	Position:	
d	Address:	e Telephone:
Ex	xplanation:	
3	Name:	b EIN:
)	Position:	
d	Address:	e Telephone:

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation		inspec	Clion
For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and 6	ending 03/3	1/2022	
A Name of plan NFL PLAYER DISABILITY & SURVIVOR BENEFIT PLAN	B Three-d	ligit mber (PN)	501
C Plan sponsor's name as shown on line 2a of Form 5500 DISABILITY BOARD OF THE NFL PLAYER DISABILITY & SURVIVOR BENEFIT PLAN	. ,	r Identification Numbe	er (EIN)

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
Total noninterest-bearing cash	1a		
Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	125	564
General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	67875300	66281680
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	Schedule H (Form 5500) 2021	Pag	je 2	
1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	67875425	66282244
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	67875425	66282244
Pa	rt II Income and Expense Statement			
	Plan income, expenses, and changes in net assets for the year. Include all inc fund(s) and any payments/receipts to/from insurance carriers. Round off amou complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.			
	Income		(a) Amount	(b) Total

com	plete lines 2a, 2b(1)(E), 2e, 2f, and 2g.			
	Income		(a) Amount	(b) Total
a Co	ontributions:			
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	255800000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
(2)	Noncash contributions	2a(2)		
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		255800000
b Ea	rnings on investments:			
(1)	Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17
(2)	Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3)	Rents	2b(3)		
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

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	-		(a) Am	ount			(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)						
(7) Net investment gain (loss) from pooled separate accounts	2b(7)						
(8) Net investment gain (loss) from master trust investment accounts	2b(8)						
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)						
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)						3228
C Other income	2c						
d Total income. Add all income amounts in column (b) and enter total	2d						255803245
Expenses							
e Benefit payment and payments to provide benefits:							
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			2357	62977		
(2) To insurance carriers for the provision of benefits	2e(2)						
(3) Other	2e(3)						
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)						235762977
f Corrective distributions (see instructions)	2f						
g Certain deemed distributions of participant loans (see instructions)	2g						
h Interest expense	-						
i Administrative expenses: (1) Professional fees	2i(1)			49	41857		
(2) Contract administrator fees	0:/0\						
(3) Investment advisory and management fees	21/2						
(4) Other	0:/4)			166	91592		
(5) Total administrative expenses. Add lines 2i(1) through (4)	21/5						21633449
j Total expenses. Add all expense amounts in column (b) and enter total							257396426
Net Income and Reconciliation							207000120
k Net income (loss). Subtract line 2j from line 2d	2k						-1593181
Transfers of assets:							-1393161
(1) To this plan	2l(1)						
(2) From this plan							
(2) 110m till plan							
Part III Accountant's Opinion							
3 Complete lines 3a through 3c if the opinion of an independent qualified prattached.	ublic accountant i	s attached	to this	Form	5500. C	Complete line 3	d if an opinion is not
a The attached opinion of an independent qualified public accountant for th	is plan is (see ins	structions):					
(1) Unmodified (2) Qualified (3) Disclaimer	(4) Adverse						
b Check the appropriate box(es) to indicate whether the IQPA performed a performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-1	12(d). Check box	(3) if pursua	ant to r	neithe			
(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) X neither D	OL Regula	ition 25	20.10	3-8 nor	DOL Regulation	on 2520.103-12(d).
c Enter the name and EIN of the accountant (or accounting firm) below:							
(1) Name: MITCHELL & TITUS, LLP		(2) EIN	: 13-2	78164	1		
d The opinion of an independent qualified public accountant is not attache		_					
(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be a	attached to the n	ext Form 55	500 pui	rsuant	to 29 C	FR 2520.104-	50.
Part IV Compliance Questions							
4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIA 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4		e lines 4a, 4	4e, 4f,	4g, 4h	, 4k, 4m	ı, 4n, or 5.	
During the plan year:				Yes	No		Amount
Was there a failure to transmit to the plan any participant contributions period described in 29 CFR 2510.3-102? Continue to answer "Yes" for fully corrected. (See instructions and DOL's Voluntary Fiduciary Correct	any prior year fa		4a		X		
rany corrected. (Occ monutations and DOL 5 voluntary reducidly Correct	onon i logiani.)		→a				

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			Yes	No	Amo	ount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is					
С	Were any leases to which the plan was a party in default or classified during the year as	4b		X		
d	uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)					
	checked.)			X		
e	Was this plan covered by a fidelity bond?	4e	X			1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?					
		4h		X		
İ	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	Х			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4 j	X			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
ı	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					
5а	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?		No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plar	ı(s) to w	hich assets or lial	oilities were
	5b(1) Name of plan(s)				5b(2) EIN(s)	5b(3) PN(s)
	Vas the plan a defined benefit plan covered under the PBGC insurance program at any time during thinstructions.)					
	f "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan				———.	cu

Financial Statements and Supplemental Information For the Years Ended March 31, 2022 and 2021 With Independent Auditor's Report



Financial Statements and Supplemental Information For the Years Ended March 31, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

To the Disability Board of the NFL Player Disability & Survivor Benefit Plan

Opinion

We have audited the financial statements of the NFL Player Disability & Survivor Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits (modified cash basis) as of March 31, 2022, the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan (modified cash basis) as of March 31, 2022, and the changes in its net assets available for benefits (modified cash basis) for the year then ended, in accordance with the modified cash basis of accounting described in Note 2.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The financial statements of the Plan for the year ended March 31, 2021 were audited by another auditor who expressed an unmodified opinion on those financial statements on November 1, 2021.



Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued or are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but it is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.



- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

Mitchell: Titus, LLP

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of administrative expenses for the year ended March 31, 2022, the schedule of assets held for investment purposes as of March 31, 2022, and the schedule of reportable transactions for the year ended March 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

December 1, 2022

Statements of Net Assets Available for Benefits (Modified Cash Basis) March 31, 2022 and 2021

	2022	2021
ASSETS Investments, at fair value		
Registered investment companies Interest receivable	\$ 66,281,680 564	\$ 67,875,300 125
Total assets	66,282,244	67,875,425
NET ASSETS AVAILABLE FOR BENEFITS		
Net assets available for benefits	\$ 66,282,244	\$ 67,875,425

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)
Years Ended March 31, 2022 and 2021

	2022	2021	
ADDITIONS Interest income Employer contributions	\$ 3,245 255,800,000	\$ 17,081 226,100,000	
Total additions	255,803,245	226,117,081	
DEDUCTIONS Benefits paid to participants Administrative expenses	235,762,977 21,633,449	201,299,934 12,966,517	
Total deductions	257,396,426_	214,266,451	
Net (decrease) increase Net assets available for benefits	(1,593,181)	11,850,630	
Beginning of year	67,875,425	56,024,795	
End of year	\$ 66,282,244	\$ 67,875,425	

Notes to the Financial Statements For the Years Ended March 31, 2022 and 2021

NOTE 1 DESCRIPTION OF THE PLAN

The following brief description of the NFL Player Disability & Survivor Benefit Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information. Capitalized terms have the meaning provided for in the Plan document.

General

The 1993 Collective Bargaining Agreement ("CBA") between the National Football League Players Association ("NFLPA") and the National Football League Management Council ("NFLMC") provided for the establishment of the Plan. For certain eligible Players, the Plan currently provides disability benefits (described below), and death benefits to their eligible beneficiaries.

The Plan, formerly named the "NFL Player Supplemental Disability Plan," initially provided only supplemental total and permanent disability benefits to Players who qualified for those benefits under the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Pension Plan"). The 2011 CBA continued and improved supplemental total and permanent disability benefits under the Plan, created a new benefit for Players suffering from neurocognitive impairments, and provided that the payment for certain additional disability benefits would be transitioned from the Pension Plan to the Plan.

Effective September 1, 2011, the Plan was amended to include the neurocognitive benefit provided for under the 2011 CBA and was renamed the "NFL Player Supplemental Disability & Neurocognitive Benefit Plan." Effective April 1, 2014, the Plan was restated and renamed the "NFL Player Disability & Neurocognitive Benefit Plan." The April 1, 2014 restatement provides that all total and permanent disability benefits relating to initial disability claims filed on and after January 1, 2015 will be paid out of the Plan, and that all line-of-duty disability benefits for periods on and after January 1, 2015 will be paid out of the Plan, other than certain line-of-duty disability benefits that will continue to be paid by the Pension Plan. The Pension Plan will continue to pay certain total and permanent disability benefits based on disability claims filed prior to January 1, 2015.

On March 15, 2020, the NFLMC and NFLPA approved a new CBA in which they agreed to (1) maintain the Plan until March 31, 2031, (2) pay from the Plan death benefits to certain beneficiaries following an eligible Player's death, and (3) make certain other changes to the Plan ("2020 CBA"). Because of the COVID-19 pandemic, the NFLMC and NFLPA amended the 2020 CBA on August 3, 2020.

The Plan was amended and restated, effective April 1, 2020, to implement the 2020 CBA and its subsequent amendments, and to rename the Plan, the "NFL Player Disability, Neurocognitive & Death Benefit Plan." Effective April 1, 2021, the Plan was renamed again as the "NFL Player Disability & Survivor Benefit Plan." The key features of the Plan as of March 31, 2022 are summarized below.

The Plan is an employee welfare benefit plan within the meaning of Section 3(1) of the Employee Retirement Income Security Act of 1974, as amended.

Notes to the Financial Statements For the Years Ended March 31, 2022 and 2021

NOTE 1 DESCRIPTION OF THE PLAN (continued)

Funding Policy

Contributions are made to the Trust which constitutes a Voluntary Employees' Beneficiary Association ("VEBA"). A VEBA is a welfare trust under Internal Revenue Code ("IRC") Section 501(c)(9). Pursuant to the 2011 CBA, NFL Member Clubs have agreed to contribute to the Trust, on at least a quarterly basis, amounts sufficient to pay estimated Plan benefits and expenses. The Trust holds the Plan's assets for the exclusive benefit of eligible participants.

Disability Benefits

Three types of disability benefits are provided for under the terms of the Plan: total and permanent disability benefits, line-of-duty disability benefits, and neurocognitive disability benefits. A Player is eligible to receive these benefits if he meets the applicable standards of Plan Sections 3.1, 3.2, 4.1, 5.1, or 6.1.

Death Benefits

The Plan pays death benefits to certain surviving family members of Players who die on and after April 1, 2020, and who otherwise meet the applicable standards of Article 7A of the Plan.

Plan Amendment or Termination

The Plan may only be amended or terminated by joint action of the NFLPA and the NFLMC while there is a CBA in effect. If no CBA is in effect, then the Plan may be amended by the Disability Board, and if no CBA has been in effect for more than one year, the Plan may be terminated by the Disability Board. No amendment or termination of the Plan may permit Trust assets to revert to, or be used or enjoyed by, an Employer, the League, or the NFLPA.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounting records of the Plan are maintained on the modified cash basis of accounting. Consequently, contributions and interest income are recognized when collected and expenses are recognized when paid. No recognition is given to assets and liabilities, except for amounts which arise from the cash transactions of the Plan. Accordingly, the accompanying financial statements are not intended to present net assets and changes in net assets in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Notes to the Financial Statements For the Years Ended March 31, 2022 and 2021

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Note 6 describes the Plan's fair value criteria.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

NOTE 3 INCOME TAX STATUS

On July 1, 1994, the Internal Revenue Service ("IRS") granted tax-exempt status to the Plan's trust under Section 501(c)(9) of the IRC. Accordingly, the trust's net investment income is exempt from income taxes. The Disability Board believes that the Plan's trust continues to be tax exempt under IRC Section 501(c)(9).

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS or Department of Labor. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to March 31, 2019.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Disability Board is not aware of any course of action or series of events that have occurred that will adversely affect the Plan's tax-exempt status at March 31, 2022.

NOTE 4 PLAN AMENDMENTS

The Plan was amended and restated, effective April 1, 2021, to change the name of the Plan and make other minor edits. The Plan was further amended on November 9, 2021 and at various times in 2022 to revise the rules relating to claims processing, clarifying eligibility for neurocognitive disability benefits, and to make other minor edits. The restatement and subsequent amendments are not considered material.

Notes to the Financial Statements For the Years Ended March 31, 2022 and 2021

NOTE 5 INVESTMENTS

The Trustee and custodian of the Plan's securities is The Bank of New York Mellon. The Plan's investments as of March 31, 2022 and 2021, respectively, were as follows:

	2022	2021		
Registered investment companies	\$ 66,281,680	\$ 67,875,300		

NOTE 6 FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820-10-50-2, *Fair Value Measurements* (formerly FASB Statement No. 157), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10-50-2 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets:
 - Inputs other than quoted prices that are observable for the assets or liabilities;
 and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

<u>Level 3:</u> Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of March 31, 2022.

Treasury Prime Cash: Value at the closing price reported on the active market on which the securities are traded.

Notes to the Financial Statements For the Years Ended March 31, 2022 and 2021

NOTE 6 FAIR VALUE MEASUREMENTS (continued)

The method described above may produce a fair value calculation that may not indicate net realized value or reflect future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2022 and 2021:

	Assets at Fair Value as of March 31, 2022							
	Level 1	Le	evel 2	Le	vel 3	Total Fair Value		
Registered investment companies	\$ 66,281,680	\$	-	\$	-	\$ 66,281,680		
Total	\$ 66,281,680	\$	-	\$	-	\$ 66,281,680		
	Ass	Assets at Fair Value as of March 31, 2021						
	Level 1	Le	evel 2	Le	vel 3	Total Fair Value		
Registered investment companies	\$ 67,875,300	\$	-	\$	_	\$ 67,875,300		
Total	\$ 67,875,300	\$	_	\$	_	\$ 67,875,300		

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

There were no transfers of assets between Level 1, 2, or 3 classifications for the years ended March 31, 2022 and 2021.

NOTE 7 RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Bank of New York Mellon is the Trustee of the Plan and provides investment custody services to the Plan. Fees paid to The Bank of New York Mellon for these services for the years ended March 31, 2022 and 2021 were \$67,790 and \$53,103, respectively.

As described in Note 2, the Plan paid certain other expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

During the Plan years ended March 31, 2022 and 2021, the Plan incurred certain administrative expenses paid by the Bert Bell/Pete Rozelle NFL Player Retirement Plan. For the Plan years ended March 31, 2022 and 2021, the amounts reimbursed were \$4,903,174 and \$5,254,641, respectively.

Notes to the Financial Statements For the Years Ended March 31, 2022 and 2021

NOTE 8 RISKS AND UNCERTAINTIES

The Plan provides for investments in various investment securities that are exposed to certain risks and uncertainties, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, changes in value of investment securities could occur in the near term. The changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There were no reconciling differences; the net assets available for benefits per financial statement agree to net assets available for benefits per the Form 5500. Benefits paid to participants per the financial statement also agree to benefits paid to participants per the Form 5500.

NOTE 10 RECLASSIFICATIONS

Certain amounts in the prior period have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on previously reported net assets available for benefits.

NOTE 11 SUBSEQUENT EVENTS

FASB ASC 855-10-50, Subsequent Events, requires entities to evaluate events and transactions that occur after the statement of financial position date but before the date the financial statements are available to be issued. ASC 855-10-50 requires entities to recognize in the financial statements the effect of all events or transactions that provide additional evidence of conditions that existed at the statement of financial position date, including the estimates inherent in the financial statement preparation process.

Subsequent events that provide evidence about conditions that arose after the statement of financial position date should be disclosed if the financial statements would otherwise be misleading. The Plan has evaluated subsequent events through the date the financial statements were available to be issued on December 1, 2022, and determined there were no material transactions to disclose.

SCHEDULES OF ADMINISTRATIVE EXPENSES

Schedules of Administrative Expenses (Modified Cash Basis) Years Ended March 31, 2022 and 2021

	2022	2021
Administrative fees Aon Abrams, Foster, Nole & Williams, P.A.	\$ 394,559 23,100	\$ 365,512 21,100
Alight Solutions, LLC PRM Consulting Group, Inc.	11,875 2,600	20,000 2,600
Attorney fees		
Groom Law Group	4,509,723	3,438,473
Custodian fees		
The Bank of New York Mellon	67,790	53,103
Other		
Player medical and travel expenses	10,736,582	2,766,386
Plan office operating expense	4,903,174	5,254,641
Medical consulting	679,328	701,141
Conservatorship related expenses	140,484	169,636
Printing expenses	118,982	153,681
Miscellaneous expenses	45,252	20,244
Total administrative expenses	\$ 21,633,449	\$ 12,966,517

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, SCHEDULE H, LINE $4(\mathbf{I})$



Case 1:23-cv-00358-JRR Investments at End of Plan Year at Revalued Costs of 423

Report ID: M1102E

Status: FINAL
NFL PLAYER DISABILITY &

NFL PLAYER DIS & NEU - NFVF78910002	4/1/2021 - 3/31/2022
-------------------------------------	----------------------

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss		
REGISTERED INVESTMENT COMPANIES								
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	66,281,679.860	66,281,679.86	66,281,679.86	0.00		
TOTA	L REGISTERED INVES	STMENT COMPANIES	-	66,281,679.86	66,281,679.86	0.00		
	G	RAND TOTAL	- =	66,281,679.86	66,281,679.86	0.00		
						0.00 C		

0.00 C 0.00 I

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SCHEDULE OF REPORTABLE TRANSACTIONS, SCHEDULE H, LINE 4(J)

Case 1:23-cv-00358-JRR Document 69-6 Five Percent of Plan Assets Page 70 of 423

Report ID: T6400 Status: FINAL

NFL PLAYER	R DIS & NEU - NFVF78910002			4/1/2021 - 3/31/2022				NFL PLAYER DISABILITY &	
	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	3,393,771.28								
	996087094	BNY MELLON CASH RESERVE	В	62,900,000.000	0.00	62,900,000.00	0.00	0.00	0.00
		0.100% 12/31/2049 DD 06/26/97		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	996087094	BNY MELLON CASH RESERVE	S	62,899,500.000	0.00	0.00	62,899,500.00	62,899,500.00	0.00
		0.100% 12/31/2049 DD 06/26/97		, ,				, ,	
	999592116	DREYFUS TREASURY SECURITIES CM	S	16,675,125.330	0.00	0.00	16,675,125.33	16,675,125.33	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	16,723,980.760	0.00	0.00	16,723,980.76	16,723,980.76	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	16,938,122.870	0.00	0.00	16,938,122.87	16,938,122.87	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	В	63,189,500.000	0.00	63,189,500.00	0.00	0.00	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	17,318,994.290	0.00	0.00	17,318,994.29	17,318,994.29	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	17,219,621.950	0.00	0.00	17,219,621.95	17,219,621.95	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	17,483,406.200	0.00	0.00	17,483,406.20	17,483,406.20	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	В	45,269,123.480	0.00	45,269,123.48	0.00	0.00	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	17,927,879.710	0.00	0.00	17,927,879.71	17,927,879.71	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	17,973,819.970	0.00	0.00	17,973,819.97	17,973,819.97	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	В	67,800,000.000	0.00	67,800,000.00	0.00	0.00	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	18,138,620.010	0.00	0.00	18,138,620.01	18,138,620.01	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	18,243,333.670	0.00	0.00	18,243,333.67	18,243,333.67	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	18,490,558.320	0.00	0.00	18,490,558.32	18,490,558.32	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	В	61,680,750.000	0.00	61,680,750.00	0.00	0.00	0.00

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2.087% 12/31/2035 DD 04/09/97



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Report ID: T6500 Status:FINAL

NFL PLAYER DIS & NEU - NFVF78910002			4/1/2021 - 3/31/2022			NFL PLAYER DISABILITY &		
Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss	
5% VALUE :	3,393,771.28							
6	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	62,936,740.440	62,936,740.44	0.00	0.00	0.00	
7	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	62,936,740.440	0.00	62,936,740.44	62,936,740.44	0.00	
24	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	238,009,350.850	238,009,350.85	0.00	0.00	0.00	
190	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	239,602,971.410	0.00	239,602,971.41	239,602,971.41	0.00	

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Case 1:23-cv-00358-JRR Document 69-6 Five Percent of Plan Assets 73 of 423

Report ID: T6400 Status:FINAL

NFL PLAYER	DIS & NEU - NF	VF78910002		4/1/2021 - 3/31/2	2022				DISABILITY &
	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	3,393,7	771.28							
	996087094	BNY MELLON CASH RESERVE	В	62,900,000.000	0.00	62,900,000.00	0.00	0.00	0.00
		0.100% 12/31/2049 DD 06/26/97		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	996087094	BNY MELLON CASH RESERVE	S	62,899,500.000	0.00	0.00	62,899,500.00	62,899,500.00	0.00
		0.100% 12/31/2049 DD 06/26/97		, ,			. ,	, ,	
	999592116	DREYFUS TREASURY SECURITIES CM	S	16,675,125.330	0.00	0.00	16,675,125.33	16,675,125.33	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	16,723,980.760	0.00	0.00	16,723,980.76	16,723,980.76	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	16,938,122.870	0.00	0.00	16,938,122.87	16,938,122.87	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	В	63,189,500.000	0.00	63,189,500.00	0.00	0.00	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	17,318,994.290	0.00	0.00	17,318,994.29	17,318,994.29	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	17,219,621.950	0.00	0.00	17,219,621.95	17,219,621.95	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	17,483,406.200	0.00	0.00	17,483,406.20	17,483,406.20	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	В	45,269,123.480	0.00	45,269,123.48	0.00	0.00	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	17,927,879.710	0.00	0.00	17,927,879.71	17,927,879.71	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	17,973,819.970	0.00	0.00	17,973,819.97	17,973,819.97	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	В	67,800,000.000	0.00	67,800,000.00	0.00	0.00	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	18,138,620.010	0.00	0.00	18,138,620.01	18,138,620.01	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	18,243,333.670	0.00	0.00	18,243,333.67	18,243,333.67	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	S	18,490,558.320	0.00	0.00	18,490,558.32	18,490,558.32	0.00
		2.087% 12/31/2035 DD 04/09/97							
	999592116	DREYFUS TREASURY SECURITIES CM	В	61,680,750.000	0.00	61,680,750.00	0.00	0.00	0.00

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2.087% 12/31/2035 DD 04/09/97



Case 1:23-cV-00358-JRR Document 69-6 Five Percent of Plan Assets 74 of 423

Report ID: T6500 Status:_{FINAL}

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2021 - 3/31/2022

NFL PLAYER DISABILITY &

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	3,393,7	71.28					
6	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	62,936,740.440	62,936,740.44	0.00	0.00	0.00
7	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	62,936,740.440	0.00	62,936,740.44	62,936,740.44	0.00
24	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	238,009,350.850	238,009,350.85	0.00	0.00	0.00
190	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	239,602,971.410	0.00	239,602,971.41	239,602,971.41	0.00

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Case 1:23-cv-00358-JRR Investments at End of Plan Year at Revalued Cost 75 of 423

Report ID: M1102E

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002	4/1/2021 - 3/31/2022			NFL PLAYER DISABILITY &		
Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss	
REGISTERED INVESTMENT COMPANIES						
999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	66,281,679.860	66,281,679.86	66,281,679.86	0.00	
TOTAL REGISTERED INVES	_	66,281,679.86	66,281,679.86	0.00		
G	RAND TOTAL	_	66,281,679.86	66,281,679.86	0.00	
	·				0.00 C	

0.00 I

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2020

This Form is Open to Public

Pension Benefit Guaranty Corporation				Inspection	
Part I Annual Report Ider	ntification Information				
For calendar plan year 2020 or fiscal	plan year beginning 04/01/2020	and ending 03/31/20)21		
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking the participating employer information in accord			ns.)
Г	a single-employer plan	a DFE (specify)			
B This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return/report (less than 12	2 months)	
C If the plan is a collectively-bargaine	ed plan, check here			▶ 🗙	
D Check box if filing under:	Form 5558	automatic extension	the	e DFVC program	
	special extension (enter description)				
Part II Basic Plan Informa	tion—enter all requested information	on			
1a Name of plan			1b	Three-digit plan number (PN) ▶	501
NFL PLAYER DISABILITY & NEUR	OCOGNITIVE BENEFIT PLAN		1c	Effective date of pla 07/01/1993	
2a Plan sponsor's name (employer, i Mailing address (include room, ap City or town, state or province, co	e (if foreign, see instructions)	2b Employer Identification Number (EIN) 52-1852594			
DISABILITY BOARD OF THE NFL PL	AYER DISABILITY & NEUROCOGN	NITIVE BENEFIT	2c	Plan Sponsor's tele number 800-638-3186	phone
200 ST. PAUL STREET SUITE 2420 BALTIMORE, MD 21202			2d	Business code (see instructions) 711210)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	12/15/2021 Date	BELINDA LERNER Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	12/14/2021 Date	SAM MCCULLUM Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020) v. 200204 Case 1:23-cv-00358-JRR Document 69-6 Filed 06/27/23 Page 77 of 423

	Form 5500 (2020)	Pag	ge 🚄			
3a	Plan administrator's name and address X Same as Plan Sponsor				3b Adn	ministrator's EIN
						ninistrator's telephone
4	If the name and/or EIN of the plan sponsor or the plan name has changed si enter the plan sponsor's name, EIN, the plan name and the plan number from	ince the last ret	turn/rep	oort filed for this plan,	4b EIN	1
a c	Sponsor's name Plan Name	iii tile last letul	плеро	i (.	4d PN	
5						44000
	Total number of participants at the beginning of the plan year				5	11399
6	Number of participants as of the end of the plan year unless otherwise stated 6a(2), 6b, 6c, and 6d) .	d (welfare plans	s comp	olete only lines 6a(1),		
a(1) Total number of active participants at the beginning of the plan year				6a(1)	2645
a(2) Total number of active participants at the end of the plan year				6a(2)	2775
b	Retired or separated participants receiving benefits				6b	2722
С	Other retired or separated participants entitled to future benefits				6c	15500
d	Subtotal. Add lines 6a(2) , 6b , and 6c				6d	20997
е	Deceased participants whose beneficiaries are receiving or are entitled to re-	ceive benefits.			6e	_
f	Total. Add lines 6d and 6e				6f	
g	Number of participants with account balances as of the end of the plan year complete this item)	, ,		•	6g	
h	Number of participants who terminated employment during the plan year with					
	less than 100% vested				6h	
7	Enter the total number of employers obligated to contribute to the plan (only		•	· , ,	7	32
	If the plan provides pension benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature could be applicable for the applicable welfare feature could be applicable for the applicable feature feature could be applicable for the applicable feature feature for the applicable feature feat	des from the Lis	st of Pla	an Characteristics Codes	s in the in	
9a	Plan funding arrangement (check all that apply)		nefit aı	rangement (check all tha	at apply)	
	(1) Insurance	(1)		Insurance		
	(2) Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3)	insurance	contracts
	(3) X Trust	(3)	×	Trust		
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are a	(4) attached. and. v	where i	General assets of the specific		ned. (See instructions)
2	•	b Genera		·		,
а	Pension Schedules (1) R (Retirement Plan Information)		_	H (Financial Inforr	nation)	
	(1) R (Retirement Plan Information)	(1)	X	•	,	Small Diams
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	빌	I (Financial Inforn		ımalı Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3)		0 A (Insurance Infor	mation)	
	actuary	(4)	X	C (Service Provide	er Informa	ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	$\bar{\sqcap}$	D (DFE/Participati	ing Plan I	nformation)
	Information) - signed by the plan actuary	(6)	Π	G (Financial Trans	_	·

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Form 5500 (2020) Page **3**

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)						
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)						
If "Yes" is checked, complete lines 11b and 11c.						
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)						
11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)						
Receipt Confirmation Code						

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

2020

This Form is Open to Public

Employee Benefits Security Administration	File as an attachment to Forn	Inspection.					
Pension Benefit Guaranty Corporation							
For calendar plan year 2020 or fiscal pla	n year beginning 04/01/2020	and ending 03/31	and ending 03/31/2021				
A Name of plan		B Three-digit					
NFL PLAYER DISABILITY & NEUROC	OGNITIVE BENEFIT PLAN	plan number (PN)	501				
		_					
C Plan sponsor's name as shown on lin		D Employer Identification	on Number (EIN)				
DISABILITY BOARD OF THE NFL PLA	YER DISABILITY & NEUROCOGNITIVE BENEFIT	52-1852594					
Double Describeration							
Part I Service Provider Infor	mation (see instructions)						
Volumest complete this Part, in accord-	ance with the instructions, to report the information re	quired for each nerson who	received directly or indirectly \$5,000				
	ney or anything else of monetary value) in connection						
plan during the plan year. If a person r	eceived only eligible indirect compensation for which	the plan received the requir					
answer line 1 but are not required to inc	clude that person when completing the remainder of the	nis Part.					
4 Information on Demonstra	this of the Ethelia Is discrete Commence of						
	eiving Only Eligible Indirect Compensati						
	r you are excluding a person from the remainder of th	•					
indirect compensation for which the pla	n received the required disclosures (see instructions f	or definitions and conditions	s) Yes X No				
h If you answered line 1a "Ves" enter the	e name and EIN or address of each person providing	the required disclosures for	the service providers who				
	ation. Complete as many entries as needed (see insti		the service providers who				
,	,	,					
(b) Enter name	e and EIN or address of person who provided you disc	closures on eligible indirect of	compensation				
(I-) = .							
(D) Enter name	e and EIN or address of person who provided you disc	closures on eligible indirect of	compensation				
(b) Enter name	e and EIN or address of person who provided you disc	closures on eligible indirect of	compensation				
(h) Enter name	e and EIN or address of person who provided you disc	closures on eligible indirect	compensation				
(b) Line Halle	and Envior address or person who provided you disc	nosures on engine maneci (omponsation				

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Schedule	e C (Form 5500) 2020	Page 2- 1
	(b) Enter name and EIN or address of person who provided y	ou disclosures on eligible indirect compensation
	(b) Enter name and EIN or address of person who provided y	ou disclosures on eligible indirect compensation
	(b) Enter name and EIN or address of person who provided y	ou disclosures on eligible indirect compensation
	(b) Enter name and EIN or address of person who provided y	ou disclosures on eligible indirect compensation
	(b) Enter hame and Ent of address of person who provided y	ou disclosures on digislo manest compensation
	(b) Enter name and EIN or address of person who provided y	ou displayuras on cligible indirect compensation
	(b) Enter name and Env or address or person who provided y	ou disclosures on eligible indirect compensation
	4.	
	(b) Enter name and EIN or address of person who provided y	ou disclosures on eligible indirect compensation
	(b) Enter name and EIN or address of person who provided y	ou disclosures on eligible indirect compensation
	(b) Enter name and EIN or address of person who provided y	ou disclosures on eligible indirect compensation

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
-		((a) Enter name and EIN o	address (see instructions)		
B BELL/P	ROZELLE NFL PLAY	ER RET PL				
13-604363	36					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	5254641	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	I	
GROOM L 52-121902	LAW GROUP					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
29 50	NONE	3438473	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
AON 22-223226	64					
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
16 50	NONE	365512	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
RR DON	NELLEY RECEIVABLE	S, INC.				
52-21251	27					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
36 50	NONE	153681	Yes No X	Yes No		Yes No
	1	(a) Enter name and EIN or	address (see instructions)	ı	
F. HARLA	AN SELESNICK, M.D.		7501 S	SW 104TH STREET , FL 33156		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	147000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		•
KRIEBEL 47-54770	& ASSOCIATES					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	127832	Yes No X	Yes No		Yes No

2. Inform	nation on Other S	Service Providers	s Receiving Direct o	r Indirect Compensation	n. Except for those persons	for whom you
				ich person receiving, directly or		
(i.e., mon	ey or anything else or	,		ne plan or their position with the	pian during the pian year. (Se	ee instructions).
			(a) Enter name and EIN or	r address (see instructions)		
MARTIN S	STRASSNIG, M.D.					
81-386757	74					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
Code(s)	organization, or	by the plan. If none,		compensation, for which the	service provider excluding	formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount
					(f). If none, enter -0	
49 50	NONE	123000				
40 00	NONE	123000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
SILVANA	RIGGIO, M.D.		170 E <i>A</i>	AST 87TH STREET		
	•		SUITE			
			NEW Y	ORK, NY 10128		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or	compensation paid by the plan. If none,	receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you a formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	
					(f). If none, enter -0	
49 50	NONE	120000				
			Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
WILLIAM	GARMOE, PH.D.		14300	GALLANT FOX LANE		
	,		SUITE	107		
			BOWIE	E, MD 20715		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation	Enter total indirect compensation received by	Did the service
Code(s)	employer, employee organization, or	by the plan. If none,	compensation? (sources	include eligible indirect compensation, for which the	service provider excluding	provider give you a formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount?
					(f). If none, enter -0	
49 50	NONE	120000	_			_
		1	Yes □ No X	Yes ☐ No ☐	1	Yes No No

2. Inform	nation on Other S	ervice Providers	s Receiving Direct o	r Indirect Compensation	Except for those persons	for whom you
				ch person receiving, directly or	•	•
(i.e., mon	ey or anything else of			ne plan or their position with the	plan during the plan year. (So	ee instructions).
			(a) Enter name and EIN or	r address (see instructions)		
AAKASH	SHAH			VEST 119TH STREET		
			SUITE OVERI	LAND PARK, KS 66209		
	T	T				T
(b) Service	(c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
Code(s)	employer, employee		receive indirect	include eligible indirect	compensation received by	provider give you
		by the plan. If none, enter -0	compensation? (sources	compensation, for which the	service provider excluding	formula instead o
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you	an amount or estimated amount
	'		, ,		answered "Yes" to element	
					(f). If none, enter -0	
49 50	NONE	120000				
			Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ALL FLOF	RIDA ORTHOPAEDIC	ASSOCIATES				
59-268199	90					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or	compensation paid by the plan. If none,	receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you formula instead o
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount
					(f). If none, enter -0	
49 50	NONE	112273				
49 30	NONE	112273	Yes No X	Yes No		Yes No
	1	,	o) ==+==================================			
			a) Enter hame and Envior	address (see instructions)		
PSYCHIA	TRIC ASSOC. OF AT	LANTA, LLC				
01-068399	90					
	1	T				T
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you
()	organization, or	by the plan. If none,	compensation? (sources	compensation, for which the	service provider excluding	formula instead o
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you	an amount or estimated amount
	a party in intorest		Sp011001)	4,50,004,00:	answered "Yes" to element	SSatod diriodili
					(f). If none, enter -0	
49 50	NONE	100500				
			Yes No X	Yes No		Yes No
	i a	i .	i .		•	i .

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN o	r address (see instructions)		
STEVEN	EPSTEIN, M.D.		SUITE	VISCONSIN AVENUE NW 200 INGTON, DC 20007		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	90000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	,	
STEPHEN	N MACCIOCCHI, PH.C).		OX 189 LE HILL, GA 30148		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	90000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
KEVIN KE 20-13882	ESSLER, M.D., P.A.					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	85253	Yes No X	Yes No		Yes No

				nch person receiving, directly or the plan or their position with the	•	•
			(a) Enter name and EIN or	r address (see instructions)		
DAVID F.	APPLE JR., M.D.			PEACHTREE ROAD NW ITA, GA 30309		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	77333	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	addraga (aga instructions)		
33-101014	ARMAR, M.D.					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	76180	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
BARRY J. 58-131858	MCCASLAND, M.D.,	P.C.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	75000	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN o	r address (see instructions)		
JOHN RA	ABUN, M.D., LLC					
45-252904	46					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	72500	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
DOUGLA 45-428132	S B. COOPER, PH.D.,	, ABPP-CN				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	70000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
NICOLE \	WERNER, PH.D., LLC					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	65000	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
	, , ,	· · · · · · · · · · · · · · · · · · ·	(a) Enter name and EIN or	r address (see instructions)		<u> </u>
ERIC J. B	RAHIN, M.D., PLLC					
46-443514	11					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	60000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	ı	
(b) Service Code(s)	(c) Relationship to employer, employee organization, or	(d) Enter direct compensation paid by the plan. If none,	(e) Did service provider receive indirect compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	(g) Enter total indirect compensation received by service provider excluding	(h) Did the service provider give you a formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount
49 50	NONE	54977	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
THE BANK 13-516038	K OF NEW YORK ME	LLON				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
21 50	NONE	53103	Yes X No	Yes X No	0	Yes No

			(a) Enter name and EIN o	r address (see instructions)		
DEAN C.	DELIS, CLINICAL PS	YCH., INC				
81-06087	29					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	50000	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
RODNEY	D. VANDERPLOEG,	•		ID AVENUE NE		
RODINET	D. VANDERI EGEG,	Th.b.	SUITE			
			CAINT	TETEROBORO, TE 30701		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	50000	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
THOMAS	A. CRUM, PH.D., ABI		,			
85-12497						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	50000	Yes No X	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	r address (see instructions)		
VHS OUT	PATIENT CLINICS, IN	NC.				
62-181682	23				T	
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	48675	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
VIRGIL M	EDLOCK III, M.D.			IVINGSTON AVE AS, TX 75205		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	48000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
OSU SPC	ORTS MEDICINE CEN	TER				
31-132286	67					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	48000	Yes No X	Yes No		Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) PEACHTREE ORTHOPEDIC CLINIC 58-1080740 (b) (c) (d) (e) (f) (g) (h) Did service provider Enter total indirect Did indirect compensation Service Relationship to Enter direct Did the service include eligible indirect Code(s) employer, employee | compensation paid receive indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none, compensation? (sources compensation, for which the formula instead of person known to be plan received the required enter -0-. other than plan or plan eligible indirect an amount or disclosures? compensation for which you a party-in-interest sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. **NONE** 45085 49 50 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) ORRIN SHERMAN, M.D. 114 EAST 72ND STREET NEW YORK, NY 10021 (b) (f) (c) (d) (e) (g) (h) Relationship to Did the service Did service provider Did indirect compensation Enter total indirect Service Enter direct Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none, organization, or compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 45000 Yes No Yes No X Yes No (a) Enter name and EIN or address (see instructions) CHARLENE BANG, PSYD 34-21 78TH STREET **JACKSON HEIGHTS, NY 11372** (b) (d) (f) (h) (c) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none, compensation? (sources compensation, for which the service provider excluding formula instead of other than plan or plan person known to be plan received the required eligible indirect enter -0-. an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 45000

Yes No X

Yes No

Yes No

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
SOUTH B	ROWARD HOSPITAL	DISTRICT				
59-601497	73					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	45000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	addraga (aga instructions)		
74-261348 (b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	43602	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		<u> </u>
PROFESS 45-393100	SIONAL FIDUCIARY S	SERVICES LLC				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	41804	Yes □ No X	Yes □ No □		Yes □ No □

0 1.5			Description Discret			
answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
GREGOR	Y MACK, M.D., INC.					
20-401569	90					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	41158	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
46-073849 (b)	95 (c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
49 50	NONE	41008	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
MICHAEL	LARDON, M.D.			CONVOY STREET #318 HEGO, CA 92111		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	39000	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	r address (see instructions)		
MARK JC	DRDAN TULLMAN, M.I).		ONTENAC ESTATES DRIVE TENAC, MO 63131		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	39000	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
33-083430 (b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount'
49 50	NONE	38459	Yes No X	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
PRESTOR	N WOLIN, M.D.					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	38205	Yes No X	Yes No		Yes No

			(a) Enter name and EIN or	r address (see instructions)		
FLORIDA	SPORTS INJURY	<u> </u>	· ,	,		
45-28068	34					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	36916	Yes No X	Yes No		Yes No
	1	(a) Enter name and EIN or	address (see instructions)		
KATHER	INE BRIGGS BROWN	LOWE, M.D.	2929 N	IORTH STAR ROAD		
			UPPEI	R ARLINGTON, OH 43221		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
49 50	NONE	36000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
GEORGE 81-13903	J. DEMAKIS, PH.D.					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	35000				

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
-			(a) Enter name and EIN o	r address (see instructions)		
ROBERT	L HEILBRONNER, PH	H.D.	SUITE	MICHIGAN AVENUE 1801 GO, IL 60601		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	35000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and FIN or	address (see instructions)		
47-502119 (b)	EDIC CENTERS OF C	colorado (d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
49 50	NONE	34705	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ATLANTA 46-123278	NEUROPSYCHOLO	GY, LLC				
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	30000	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation sch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
LAURA D	ESADIER, D.O.					
47-303333	31					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	30000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
82-072600	DRAG, PH.D					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	30000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
MENORA 80-060977	H MEDICAL GROUP,	LLC				
	1	T				T
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	28254	Yes No X	Yes No		Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) LINDNER CENTER OF HOPE PROF. ASSOC. 47-2338641 (b) (c) (d) (e) (f) (g) (h) Did service provider Enter total indirect Did indirect compensation Service Relationship to Enter direct Did the service include eligible indirect Code(s) employer, employee compensation paid receive indirect compensation received by provider give you a by the plan. If none, service provider excluding organization, or compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or disclosures? compensation for which you a party-in-interest sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 27500 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) ALAN BREEN, PH.D., LLC 81-1924765 (b) (f) (c) (d) (e) (g) (h) Did the service Did indirect compensation Enter total indirect Service Relationship to Enter direct Did service provider Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none, compensation? (sources compensation, for which the service provider excluding organization, or formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 27000 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) ANNETTE OKAI, P.A. 45-5235337 (b) (f) (h) (c) (d) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none, compensation? (sources compensation, for which the service provider excluding formula instead of eligible indirect person known to be plan received the required enter -0-. other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 27000 Yes No X Yes No Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
-			(a) Enter name and EIN or	r address (see instructions)		
I 5 MEDIC	CAL GROUP, INC.					
01-072848	83					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27000	Yes No X	Yes No		Yes No
	1	((a) Enter name and FIN or	address (see instructions)		
84-252139	FILIPOVIC-JEWELL, N					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
RUSSELL	_ VANDENBELT, M.D.		P.O. B	OX 440 ER ISLAND, WA 98040		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	24000	Yes No X	Yes No		Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) FONDREN ORTHOPEDIC GROUP, LLP 76-0363583 (b) (c) (d) (e) (f) (g) (h) Did service provider Enter total indirect Did indirect compensation Service Relationship to Enter direct Did the service include eligible indirect Code(s) employer, employee | compensation paid receive indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none, compensation? (sources compensation, for which the formula instead of person known to be plan received the required enter -0-. other than plan or plan eligible indirect an amount or disclosures? compensation for which you a party-in-interest sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 21115 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) ABRAMS, FOSTER, NOLE & WILLIAMS, PA 52-1854049 (b) (f) (c) (d) (e) (g) (h) Did the service Did service provider Did indirect compensation Enter total indirect Service Relationship to Enter direct Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none, organization, or compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 10 50 NONE 21100 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) DAVID J. BELFIE, M.D. 18401 17TH AVENUE NW SHORELINE, WA 98177 (b) (d) (f) (h) (c) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none, compensation? (sources compensation, for which the service provider excluding formula instead of other than plan or plan eligible indirect person known to be plan received the required enter -0-. an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 21000 Yes No X Yes No Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	r address (see instructions)		
(a) Enter name and EIN or address (see instructions) RICHARD M. BARRETT, M.D., P.A.						
74-201007	73					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	21000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)	ı	
(b) Service Code(s)	(c) Relationship to employer, employee	(d) Enter direct	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you	(h) Did the service provider give you formula instead o an amount or estimated amount
15 50	NONE	20000	Yes No X	Yes No	answered "Yes" to element (f). If none, enter -0	Yes No
		(a) Enter name and EIN or	address (see instructions)		
UNIVERS	SITY PHYSICIANS, INC	C.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	20000	Yes ☐ No 🛚	Yes No		Yes No

(i.e., mon	ney or anything else of	· · · · · · · · · · · · · · · · · · ·		ne plan or their position with the	plan during the plan year. (S	ee instructions).
			(a) Enter name and EIN or	r address (see instructions)		
CHARLES	S A. BUSH-JOSEPH, I	M.D.		LINCOLN PALE, IL 60521		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
49 50	NONE	19446	Yes No X	Yes No		Yes No
			a) Enter name and FIN or	address (see instructions)		
27-12710	T					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
38 50 70	NONE	18715	Yes No X	Yes No		Yes No
	•	(a) Enter name and EIN or	address (see instructions)		
HERTZ C	CORPORATION 68					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	18705	Yes No X	Yes No		Yes No

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN o	r address (see instructions)		
DAVID F.	CLARK, M.D.					
83-186307	71					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	18000	Yes No X	Yes No		Yes No
		(address (see instructions)		
ALVIN DE	ETTERLINE, M.D.			FOXLAND ROAD NIX, MD 21131		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	18000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
	LYLER, M.D.					
46-561030	J4 	T.			T	T
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	18000	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
OSU PSY	CHIATRY, LLC					
20-043723	35					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	15000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
75-600286						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	15000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
TERRY L	AMAR THOMPSON, N	Л.D.		GEORGIA AVENUE NW INGTON, DC 20060		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	15000	Yes No X	Yes No		Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) **ERNEST FUNG, PH.D** 83-1448865 (b) (c) (d) (e) (f) (g) (h) Did service provider Enter total indirect Did indirect compensation Service Relationship to Enter direct Did the service include eligible indirect Code(s) employer, employee | compensation paid receive indirect compensation received by provider give you a by the plan. If none, service provider excluding organization, or compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or disclosures? compensation for which you a party-in-interest sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 15000 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) GREGORY WALLACE STEWART, M.D. 5917 WHEELER DRIVE METAIRIE, LA 70003 (b) (f) (c) (d) (e) (g) (h) Relationship to Did the service Did service provider Did indirect compensation Enter total indirect Service Enter direct Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none, compensation? (sources compensation, for which the service provider excluding organization, or formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 14000 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) CHRISTINE CHANG, M.D. 82-3860748 (b) (d) (f) (h) (c) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none, compensation? (sources compensation, for which the service provider excluding formula instead of other than plan or plan person known to be plan received the required eligible indirect enter -0-. an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 12125 Yes No X Yes No Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) LAWRENCE MURPHY, M.D. 45-4017863 (b) (c) (d) (e) (f) (g) (h) Did service provider Enter total indirect Did indirect compensation Service Relationship to Enter direct Did the service include eligible indirect Code(s) employer, employee compensation paid receive indirect compensation received by provider give you a by the plan. If none, service provider excluding organization, or compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or disclosures? compensation for which you a party-in-interest sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 12000 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) SANDEEP AGGARWAL, M.D. 84-3929750 (b) (f) (c) (d) (e) (g) (h) Did the service Did indirect compensation Enter total indirect Service Relationship to Enter direct Did service provider Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none, compensation? (sources compensation, for which the service provider excluding organization, or formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 12000 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) COLORADO REHAB & OCCUPATIONAL MED. 84-1238486 (b) (f) (h) (c) (d) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none, compensation? (sources compensation, for which the service provider excluding formula instead of eligible indirect person known to be plan received the required enter -0-. other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 12000 Yes No X Yes No Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
		((a) Enter name and EIN or	r address (see instructions)		
SALMAN	AZHAR, M.D.		#4B	EST 17TH STREET /ORK, NY 10011		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	12000	Yes No X	Yes No		Yes No
	1	(a) Enter name and EIN or	address (see instructions)		
STANFOR	RD HEALTH CARE					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	11533	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
MASSAC 04-280714	HUSETTS GENERAL	PHYSICIANS				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	11200	Yes No 🗵	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
(I.e., IIIOII	ey or arrything eise or	•		· · · · · · · · · · · · · · · · · · ·	plan during the plan year. (St	ee instructions).
(a) Enter name and EIN or address (see instructions) ORTHOPAEDIC CARE SPECIALISTS						
65-088236	67					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	11100	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
HUSSEIN 46-050185	I A. ELKOUSY, M.D., I	P.A.				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	11000	Yes No 🛚	Yes No		Yes No
	1		a) Enter name and EIN or	address (see instructions)		
HOSPITA	LS INSURANCE COM	1PANY, INC.				
13-340946	66					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	10341	Yes No X	Yes No		Yes No

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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
	-, ,	·		r address (see instructions)	<u> </u>	
NEAL DE	UTCH, PH.D. & ASSO	CIATES				
48-112226	60					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
75-222975	HABILITATION ENDE	AVORS, INC.				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
EDWARD	A. RANKIN, M.D.			ROCTON COURT Y CHASE, MD 20815		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9000	Yes No X	Yes No		Yes No

2. Inform	nation on Other S	Service Providers	s Receiving Direct o	r Indirect Compensation	Except for those persons	for whom you
				ich person receiving, directly or		
(i.e., mon	ey or arrything else or			ne plan or their position with the raddress (see instructions)	plan during the plan year. (Se	ee instructions).
			(a) Litter flame and Lift of	address (see instructions)		
BEST OF	BEST GIFTS, LLC					
26-230055	58					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you formula instead o an amount or
49 50	NONE	8826	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
			a) Enter hame and Envior	address (see instructions)		
	R-GEORGETOWN ME	DIONE GENTER				
52-221858	34					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	8000	Yes No X	Yes No		Yes No
		•	a) Enter name and FIN or	address (see instructions)		
0450111			u) Litter Hame and Litt of	address (see instructions)		
CAROLIN	IA HEADACHE INSTIT	UIE				
27-082333	32					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	6000	Yes No X	Yes No		Yes No

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Code(s) employer, employee organization, or person known to be a party-in-interest enter -0 Mode	
(b) Service Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest Ps of the party of the p	
Service Code(s) Relationship to employee, employee organization, or person known to be a party-in-interest NONE Relationship to employee, employee organization, or person known to be a party-in-interest Relationship to employee, employee organization, or person known to be a party-in-interest Relationship to employee, employee organization, organization paid by the plan. If none, enter -0 Relationship to employee, employee organization, organization paid by the plan. If none, enter -0 Relationship to employee, employee organization paid by the plan. If none, enter -0 Relationship to enter -0 Relationship to employee, employee organization paid by the plan. If none, enter -0 Relationship to enter -0 Relationship to employee, employee organization paid by the plan. If none, enter -0 Relationship to employee, employee organization paid by the plan. If none, enter -0 Relationship to enter -0 Relationship to employee organization paid by the plan. If none, enter -0 Relationship to enter -0	
(a) Enter name and EIN or address (see instructions) OSU NEUROSCIENCE CENTER, LLC 31-1466115 (b) (c) (d) (e) (f) (f) (f) Service Relationship to Enter direct Did service provider Did indirect compensation Enter	(g) Did the service provider give you a formula instead of ingible indirect sation for which you ed "Yes" to element f none, enter -0
OSU NEUROSCIENCE CENTER, LLC 31-1466115 (b) (c) (d) (e) (f) Service Relationship to Enter direct Did service provider Did indirect compensation Enter	Yes No
OSU NEUROSCIENCE CENTER, LLC 31-1466115 (b) (c) (d) (e) (f) Service Relationship to Enter direct Did service provider Did indirect compensation Enter	
Service Relationship to Enter direct Did service provider Did indirect compensation Enter	
organization, or person known to be a party-in-interest organization, or person known to be a party-in-interest organization, or person known to be a party-in-interest organization, or person known to be enter -0 other than plan or plan sponsor) compensation, for which the other than plan or plan sponsor) compensation, for which the plan received the required disclosures?	(g) ter total indirect insation received by provider excluding ligible indirect sation for which you ed "Yes" to element f none, enter -0
49 50 NONE 6000 Yes No X Yes No No	Yes No
(a) Enter name and EIN or address (see instructions)	
BAPTIST HEALTH MEDICAL GROUP ORTHO 26-0886056	
Code(s) employer, employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization paid by the plan. If none, other than plan or plan sponsor) employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization, or person known to be a party-in-interest employee organization party in the plan. If none, other than plan or plan graphs or person known to be a party-in-interest employee organization.	(g) Did the service provider give you a formula instead of an amount or estimated amount? (h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 NONE 5696 Yes No X Yes No No	Yes No N

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
	, , ,	·		r address (see instructions)		,
BRANDO	N A. MINES, M.D.					
85-287139	95					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
49 50	NONE	5600	Yes No 🛚	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
90-012019 (b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you	(h) Did the service provider give you a formula instead or an amount or estimated amount:
49 50	NONE	5343	Yes No X	Yes No	answered "Yes" to element (f). If none, enter -0	Yes No
			a) Enter name and EIN or	address (see instructions)		
NATIONA 52-136974	AL REHABILITATION F	HOSPITAL				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	5000	Yes No X	Yes No		Yes No

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Part I	Service Provider Information (continued)		
or provides questions provider ga	orted on line 2 receipt of indirect compensation, other than eligible indirect comper s contract administrator, consulting, custodial, investment advisory, investment ma for (a) each source from whom the service provider received \$1,000 or more in ind ave you a formula used to determine the indirect compensation instead of an amor ies as needed to report the required information for each source.	anagement, broker, or recordkeeping direct compensation and (b) each so	g services, answer the following ource for whom the service
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	(d) Enter many and Elbi (address) of a constant in the standard of the standar	(a) Describe the first	
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
		1	

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Part II Service Providers Who Fail or Refuse to		
4 Provide, to the extent possible, the following information for eathis Schedule.	ach service provide	er who failed or refused to provide the information necessary to complete
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide

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Pa	art III Termination Information on Accountants and I (complete as many entries as needed)	Enrolled Actuaries (see instructions)
а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:
Ex	xplanation:	
а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:
Ex	xplanation:	,
а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:
Ex	xplanation:	
а	Name:	b EIN:
С	Position:	D LIN.
d	Address:	e Telephone:
-		
Ex	xplanation:	, ,
2	Namo	b EIN:
a c	Name: Position:	U EIIV.
d	Address:	e Telephone:
-		C Total Provide
Ex	xplanation:	

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	
For calendar plan year 2020 or fiscal plan year beginning 04/01/2020 and	ending 03/31/2021
A Name of plan NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 DISABILITY BOARD OF THE NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT	D Employer Identification Number (EIN) 52-1852594

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
Total noninterest-bearing cash	1a		
Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5106	125
General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	56019689	67875300
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	56024795	67875425
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
Acquisition indebtedness	1i		
Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
Net assets (subtract line 1k from line 1f)	11	56024795	67875425

Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	226100000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		226100000
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	34	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

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			(a) A	mount		(b) Total
	(6) Net investment gain (loss) from common/collective trusts	2b(6)				
	(7) Net investment gain (loss) from pooled separate accounts	. 2b(7)				
	(8) Net investment gain (loss) from master trust investment accounts	. 2b(8)				
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)				
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)				17047
	Other income					
d	Total income. Add all income amounts in column (b) and enter total	. 2d				226117081
	Expenses					
е	Benefit payment and payments to provide benefits:					
	(1) Directly to participants or beneficiaries, including direct rollovers			20129	99934	
	(2) To insurance carriers for the provision of benefits					
	(3) Other	2e(3)				
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)				201299934
f	Corrective distributions (see instructions)	. 2f				
g	Certain deemed distributions of participant loans (see instructions)	. 2g				
h	Interest expense	. 2h				
i	Administrative expenses: (1) Professional fees	. 2i(1)		384	17685	
	(2) Contract administrator fees	2i(2)				
	(3) Investment advisory and management fees	_ 2i(3)				
	(4) Other	2i(4)		911	18832	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)				12966517
i	Total expenses. Add all expense amounts in column (b) and enter total	. 2j				214266451
	Net Income and Reconciliation					
k	Net income (loss). Subtract line 2j from line 2d	2k				11850630
I	Transfers of assets:					
	(1) To this plan	. 2l(1)				
	(2) From this plan	. 2I(2)				
D۵	art III Accountant's Opinion					
-	Complete lines 3a through 3c if the opinion of an independent qualified public	accountant	is attached to thi	s Form	5500 Cc	omplete line 3d if an oninion is not
	attached.	docountant	o attached to the	0 1 01111	0000. 00	implete line od il dir opinion le net
a ·	The attached opinion of an independent qualified public accountant for this pl	lan is (see ins	structions):			
	(1) X Unmodified (2) Qualified (3) Disclaimer (4)) Adverse				
b	Check the appropriate box(es) to indicate whether the IQPA performed an EF performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d)					oxes (1) and (2) if the audit was
	(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) X neither D	OL Regulation 2	2520.103	3-8 nor D	OOL Regulation 2520.103-12(d).
С	Enter the name and EIN of the accountant (or accounting firm) below:					
	(1) Name: ABRAMS,FOSTER,NOLE & WILLIAMS P.A.		(2) EIN: 52-	185404	9	
ď	The opinion of an independent qualified public accountant is not attached be	ecause:				
	(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attact	ched to the n	ext Form 5500 p	ursuant	to 29 CF	FR 2520.104-50.
Pa	rt IV Compliance Questions					
1	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j	•	e lines 4a, 4e, 4f	, 4g, 4h,	4k, 4m,	4n, or 5.
	During the plan year:			Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions with					
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction				X	

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d

е f

g

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5a

Filed 06/27/23 Page 119 of 423 Page **4-**Schedule H (Form 5500) 2020 Yes No Amount Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is 4b checked.) Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) X 4c Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is X 4d checked.) 1000000 Was this plan covered by a fidelity bond?..... 4e Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by 4f Χ fraud or dishonesty? Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? 4g Χ Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? X 4h Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... 4i X Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)..... 4j Χ Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 4k Has the plan failed to provide any benefit when due under the plan? 41 Х If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)..... 4m If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... X No Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?....... If "Yes," enter the amount of any plan assets that reverted to the employer this year

5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
	5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)					

5 c	Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plar	year?	(See ERI	SA section 4021 and
	instructions.)	Yes	No	Not determined
	If "Vac" is checked, enter the My DAA confirmation number from the DDCC promium filing for this plan year			



NFL PLAYER DISABILITY, NEUROCOGNITIVE & DEATH BENEFIT PLAN

Financial Statements and Independent Auditor's Report

Years Ended March 31, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

To The Disability Board of the NFL Player Disability, Neurocognitive & Death Benefit Plan Baltimore, Maryland

We have audited the accompanying financial statements of the NFL Player Disability, Neurocognitive & Death Benefit Plan (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of March 31, 2021 and 2020, the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2.A; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Certified Public Accountants & Business Advisors

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan (modified cash basis) as of March 31, 2021 and 2020, and the changes in its net assets available for benefits (modified cash basis) for the years then ended, in accordance with the modified cash basis of accounting described in Note 2.A.

Basis of Accounting

We draw attention to Note 2.A of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) of administrative expenses, assets held for investment purposes, and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Abrama, Foster, Nole + William, P. A.

Abrams, Foster, Nole & Williams, P.A.

Certified Public Accountants

Baltimore, Maryland

November 1, 2021

NFL PLAYER DISABILITY, NEUROCOGNITIVE & DEATH BENEFIT PLAN Statements of Net Assets Available for Benefits (Modified Cash Basis) March 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS	3	
Investments, at fair value		
Pooled money market funds	\$ 67,875,300	\$ 56,019,689
Interest receivable	125	5,106
Total assets	67,875,425	56,024,795

NET ASSETS AVAILABLE FOR BENEFITS

Net Assets Available for Benefits

\$ 67,875,425

\$ 56,024,795

NFL PLAYER DISABILITY, NEUROCOGNITIVE & DEATH BENEFIT PLAN Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis) Years Ended March 31, 2021 and 2020

		<u>2021</u>	<u>2020</u>
	ADDITIONS		
Interest income Employer contributions Total additions		\$ 17,081 226,100,000 226,117,081	\$ 406,940 212,500,000 212,906,940
	DEDUCTIONS		
Benefits paid to participants Administrative expenses Total deductions		201,299,934 12,966,517 214,266,451	185,035,539 20,436,655 205,472,194
Net increase		11,850,630	7,434,746
Net assets available for benefits: Beginning of year		56,024,795	48,590,049
End of Year		\$ 67,875,425	\$ 56,024,795

[&]quot;The accompanying notes are an integral part of the Financial Statements"

1. DESCRIPTION OF THE PLAN

The following brief description of the NFL Player Disability, Neurocognitive & Death Benefit Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information. Capitalized terms have the meaning provided for in the Plan document.

A. General

The 1993 Collective Bargaining Agreement ("CBA") between the National Football League Players Association ("NFLPA") and the National Football League Management Council ("NFLMC") provided for the establishment of the Plan. For certain eligible Players, the Plan currently provides disability benefits (described below), and death benefits to their eligible beneficiaries.

The Plan, formerly named the "NFL Player Supplemental Disability Plan," initially provided only supplemental total and permanent disability benefits to Players who qualified for those benefits under the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Pension Plan"). The 2011 CBA continued and improved supplemental total and permanent disability benefits under the Plan, created a new benefit for Players suffering from neurocognitive impairments, and provided that the payment for certain additional disability benefits would be transitioned from the Pension Plan to the Plan.

Effective September 1, 2011, the Plan was amended to include the neurocognitive benefit provided for under the 2011 CBA and was renamed the "NFL Player Supplemental Disability & Neurocognitive Benefit Plan." Effective April 1, 2014, the Plan was restated and renamed the "NFL Player Disability & Neurocognitive Benefit Plan." The April 1, 2014 restatement provides that all total and permanent disability benefits relating to initial disability claims filed on and after January 1, 2015 will be paid out of the Plan, and that all line-of-duty disability benefits for periods on and after January 1, 2015 will be paid out of the Plan, other than certain line-of-duty disability benefits that will continue to be paid by the Pension Plan. The Pension Plan will continue to pay certain total and permanent disability benefits based on disability claims filed prior to January 1, 2015.

On March 15, 2020, the NFLMC and NFLPA approved a new CBA in which they agreed to (1) maintain the Plan until March 31, 2031, (2) pay from the Plan death benefits to certain beneficiaries following an eligible Player's death, and (3) make certain other changes to the Plan ("2020 CBA"). Because of the COVID-19 pandemic, the NFLMC and NFLPA amended the 2020 CBA on August 3, 2020.

1. DESCRIPTION OF THE PLAN (Continued)

A. General (continued)

The Plan was amended and restated effective April 1, 2020 to implement the 2020 CBA and its subsequent amendments, and to rename the Plan, the "NFL Player Disability, Neurocognitive & Death Benefit Plan." After the period covered by these Statements, the Plan was renamed again as the "NFL Player Disability & Survivor Benefit Plan." The key features of the Plan as of March 31, 2021 are summarized below.

The Plan is an employee welfare benefit plan within the meaning of Section 3(1) of the Employee Retirement Income Security Act of 1974, as amended.

B. Funding Policy

Contributions are made to the Trust which constitutes a Voluntary Employees' Beneficiary Association (VEBA). A VEBA is a welfare trust under IRC Section 501(c)(9). Pursuant to the 2011 CBA, NFL Member Clubs have agreed to contribute to the Trust, on at least a quarterly basis, amounts sufficient to pay estimated Plan benefits and expenses. The Trust holds the Plan's assets for the exclusive benefit of eligible participants.

C. <u>Disability Benefits</u>

Three types of disability benefits are provided for under the terms of the Plan: total and permanent disability benefits, line-of-duty disability benefits, and neurocognitive disability benefits. A Player is eligible to receive these benefits if he meets the applicable standards of Plan Sections 3.1, 3.2, 4.1, 5.1, or 6.1.

D. <u>Death Benefits</u>

The Plan pays death benefits to certain surviving family members of Players who die on and after April 1, 2020, and who otherwise meet the applicable standards of Article 7A of the Plan.

E. Plan Amendment or Termination

The Plan may only be amended or terminated by joint action of the NFLPA and the NFLMC while there is a CBA in effect. If no CBA is in effect, then the Plan may be amended by the Disability Board, and if no CBA has been in effect for more than one year, the Plan may be terminated by the Disability Board. No amendment or termination of the Plan may permit Trust assets to revert to, or be used or enjoyed by, an Employer, the League, or the NFLPA.

2. SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The accounting records of the Plan are maintained on the modified cash basis of accounting. Consequently, contributions and interest income are recognized when collected and expenses are recognized when paid. No recognition is given to assets and liabilities, except for amounts which arise from the cash transactions of the Plan. Accordingly, the accompanying financial statements are not intended to present net assets and changes in net assets in conformity with accounting principles generally accepted in the United States of America.

B. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

C. Investment Valuation and Income Recognition

Investments are reported at fair value. Note 9 describes the Plan's fair value criteria.

D. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

E. Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

3. INCOME TAX STATUS

On July 1, 1994, the Internal Revenue Service ("IRS") granted tax-exempt status to the Plan's trust under Section 501(c)(9) of the Internal Revenue Code ("IRC"). Accordingly, the trust's net investment income is exempt from income taxes. The Disability Board believes that the Plan's trust continues to be tax-exempt under IRC Section 501(c)(9).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to March 31, 2018.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Disability Board is not aware of any course of action or series of events that have occurred that will adversely affect the Plan's tax-exempt status at March 31, 2021.

4. PLAN AMENDMENTS

The Plan was amended and restated, effective April 1, 2020, to reflect new Plan terms and provisions provided for in the 2020 CBA and COVID-related amendments. The amendments provided for in this restatement are not considered material.

5. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

6. RISKS AND UNCERTAINTIES

The Plan provides for investments in various investment securities that are exposed to certain risks and uncertainties such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, changes in value of investment securities could occur in the near term and these changes could materially affect the amounts reported in the statements of net assets available for benefits.

7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Bank of New York Mellon is the Trustee of the Plan and provides investment custody services to the Plan. Fees paid to The Bank of New York Mellon for these services for the years ended March 31, 2021 and 2020 were \$53,103 and \$62,844, respectively.

As described in Note 2.E, the Plan paid certain other expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

During the Plan years ended March 31, 2021 and 2020, the Plan incurred certain administrative expenses paid by the Bert Bell/Pete Rozelle NFL Player Retirement Plan. For the Plan years ended March 31, 2021 and 2020, the amounts reimbursed were \$5,254,641 and \$8,208,480, respectively.

8. INVESTMENTS

The Trustee and custodian of the Plan's securities is The Bank of New York Mellon.

The Plan's investments as of March 31, 2021 and 2020, respectively, were as follows:

	<u>2021</u>	<u>2020</u>
Interest bearing cash	\$ 67,875,300	\$ 56,019,689

9. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Codification ASC 820-10-50-2, *Fair Value Measurements* (formerly FASB Statement No. 157), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10-50-2 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

9. FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets:
- Inputs other than quoted prices that are observable for the assets or liabilities; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of March 31, 2021.

Treasury Prime Cash: Value at the closing price reported on the active market on which the securities are traded.

The method described above may produce a fair value calculation that may not be indicative of net realized value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

9. FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2021 and 2020:

Assets at Fair Value as of March 31, 2021:

	Level 1	Level 2	Level 3	Total Fair Value
Interest bearing cash	\$ 67,875,300	\$ -	\$ -	\$ 67,875,300

Assets at Fair Value as of March 31, 2020:

	Level 1	<u>Level 2</u> <u>I</u>		<u>L</u>	Level 3		Total Fair Value	
Interest bearing cash	\$ 56,019,689	\$,	-		\$		\$	56,019,689

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

There were no transfers of assets between Level 1, 2, or 3 classifications for the years ended March 31, 2021 and 2020.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There were no reconciling differences; the net assets available for benefits per financial statement agree to net assets available for benefits per the Form 5500. Benefits paid to participants per the financial statement also agree to benefits paid to participants per the Form 5500.

11. **RECLASSIFICATION**

Certain amounts in the prior period have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on previously reported net assets available for benefits.

12. SUBSEQUENT EVENTS

Financial Accounting Standards Board Codification ASC 855-10-50, Subsequent Events, requires entities to evaluate events and transactions that occur after the statement of financial position date but before the date the financial statements are available to be issued. ASC 855-10-50 requires entities to recognize in the financial statements the effect of all events or transactions that provide additional evidence of conditions that existed at the statement of financial position date, including the estimates inherent in the financial statement preparation process.

Subsequent events that provide evidence about conditions that arose after the statement of financial position date should be disclosed if the financial statements would otherwise be misleading. The Plan has evaluated subsequent events through the date the financial statements were available to be issued on November 1, 2021, and determined there were no material transactions to disclose.

SCHEDULES OF ADMINISTRATIVE EXPENSES

NFL PLAYER DISABILITY, NEUROCOGNITIVE & DEATH BENEFIT PLAN Schedules of Administrative Expenses (Modified Cash Basis) Years Ended March 31, 2021 and 2020

		<u>2021</u>	<u>2020</u>
Administrative Fees			
Aon	\$	365,512	\$ 109,531
Abrams, Foster, Nole & Williams, P.A.		21,100	22,100
Alight Solutions, LLC		20,000	38,650
PRM Consulting Group, Inc.		2,600	1,300
Attorney Fees			
Groom Law Group		3,438,473	2,875,100
Other legal		-	90,000
Custodian Fees			
The Bank of New York Mellon		53,103	62,844
Other			
Plan office operating expense		5,254,641	8,208,480
Player medical and travel expenses		2,766,386	8,067,606
Medical consulting		701,141	723,825
Conservatorship related expenses		169,636	131,421
Printing expenses		153,681	99,216
Miscellaneous expenses		20,244	6,582
Total Administrative Expenses	\$ 1	12,966,517	\$ 20,436,655

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, SCHEDULE H, line 4i



Case 1:23-cv-Sobodula on Investments at End of Plan Year at Revalued Cost 137 of 423

Report ID: M1102E

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2020 - 3/31/2021

Security ID	Security ID Security Description		Cost	Market Value Unreal	ized Gain/Loss				
REGISTERED INVESTMENT COMPANIES									
999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	67,875,300.420	67,875,300.42	67,875,300.42	0.00				
TOTAL REGISTERED INVESTMENT COMPANIES			67,875,300.42	67,875,300.42	<u>0.00</u>				
	GRAND TOTAL		67,875,300.42	67,875,300.42	<u>0.00</u>				
					0.00 C				
					0.00				

SCHEDULE OF REPORTABLE TRANSACTIONS, SCHEDULE H, line 4j



Case 1:23-cv-Singles Transactions in Fixense of Five Pregent of Plan Assetty e 139 of 423

Report ID: T6400

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2020 - 3/31/2021

			Tran		Transaction	Cost of	Proceeds of	Cost of Assets	
	Security ID	Security Description	Code	Shares	Expense	Acquisitions	Dispositions	Disposed	Gain/Loss
5% VALUE:	2,801,2	39.70							
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	56,300,000.000	0.00	56,300,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	56,300,000.000	0.00	0.00	56,300,000.00	56,300,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	56,800,000.000	0.00	56,800,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	56,800,000.000	0.00	0.00	56,800,000.00	56,800,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	53,400,000.000	0.00	53,400,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	53,383,119.000	0.00	0.00	53,383,119.00	53,383,119.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,949,023.780	0.00	0.00	14,949,023.78	14,949,023.78	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,040,328.830	0.00	0.00	15,040,328.83	15,040,328.83	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,049,143.740	0.00	0.00	15,049,143.74	15,049,143.74	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	40,090,615.820	0.00	40,090,615.82	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,004,397.970	0.00	0.00	15,004,397.97	15,004,397.97	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,930,865.990	0.00	0.00	14,930,865.99	14,930,865.99	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	41,820,451.510	0.00	41,820,451.51	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	3,490,873.330	0.00	0.00	3,490,873.33	3,490,873.33	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,449,888.330	0.00	0.00	15,449,888.33	15,449,888.33	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,573,273.350	0.00	0.00	15,573,273.35	15,573,273.35	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	53,400,000.000	0.00	53,400,000.00	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,502,913.180	0.00	0.00	15,502,913.18	15,502,913.18	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,984,839.550	0.00	0.00	15,984,839.55	15,984,839.55	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	16,573,472.110	0.00	0.00	16,573,472.11	16,573,472.11	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	59,503,689.400	0.00	59,503,689.40	0.00	0.00	0.00



Case 1:23-cv-Segies of Transactions in Fixees of Five Persent of Plan Assets 40 of 423

Report ID: T6500

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2020 - 3/31/2021

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	2,801,2	239.70					
16	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	166,561,522.710	166,561,522.71	0.00	0.00	0.00
18	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	166,561,522.710	0.00	166,561,522.71	166,561,522.71	0.00
23	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	194,900,372.200	194,900,372.20	0.00	0.00	0.00
154	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	183,044,761.110	0.00	183,044,761.11	183,044,761.11	0.00



Abrams, Foster, Nole & Williams, P.A. 2 Hamill Road, Suite 241 West Quadrangle Baltimore, MD 21210

O: 410.433.6830 • F: 410.433.6871



Case 1:23-cv-Singles Transactions in Express of Five Present of Plan Assets e 142 of 423

Report ID: T6400

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2020 - 3/31/2021

	Consultry ID	Consults Donosiusias	Tran	01	Transaction	Cost of	Proceeds of	Cost of Assets	On!:: //
	Security ID	Security Description	Code	Shares	Expense	Acquisitions	Dispositions	Disposed	Gain/Loss
5% VALUE :	2,801,2	39.70							
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	56,300,000.000	0.00	56,300,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	56,300,000.000	0.00	0.00	56,300,000.00	56,300,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	56,800,000.000	0.00	56,800,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	56,800,000.000	0.00	0.00	56,800,000.00	56,800,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	53,400,000.000	0.00	53,400,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	53,383,119.000	0.00	0.00	53,383,119.00	53,383,119.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,949,023.780	0.00	0.00	14,949,023.78	14,949,023.78	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,040,328.830	0.00	0.00	15,040,328.83	15,040,328.83	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,049,143.740	0.00	0.00	15,049,143.74	15,049,143.74	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	40,090,615.820	0.00	40,090,615.82	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,004,397.970	0.00	0.00	15,004,397.97	15,004,397.97	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,930,865.990	0.00	0.00	14,930,865.99	14,930,865.99	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	41,820,451.510	0.00	41,820,451.51	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	3,490,873.330	0.00	0.00	3,490,873.33	3,490,873.33	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,449,888.330	0.00	0.00	15,449,888.33	15,449,888.33	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,573,273.350	0.00	0.00	15,573,273.35	15,573,273.35	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	53,400,000.000	0.00	53,400,000.00	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,502,913.180	0.00	0.00	15,502,913.18	15,502,913.18	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	15,984,839.550	0.00	0.00	15,984,839.55	15,984,839.55	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	16,573,472.110	0.00	0.00	16,573,472.11	16,573,472.11	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	59,503,689.400	0.00	59,503,689.40	0.00	0.00	0.00



Case 1:23-cv-Geries of Fine Ferges of Fine Pergent of Plantagets 43 of 423

Report ID: T6500

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2020 - 3/31/2021

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	2,801,2	239.70					
16	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	166,561,522.710	166,561,522.71	0.00	0.00	0.00
18	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	166,561,522.710	0.00	166,561,522.71	166,561,522.71	0.00
23	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	194,900,372.200	194,900,372.20	0.00	0.00	0.00
154	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	183,044,761.110	0.00	183,044,761.11	183,044,761.11	0.00



Case 1:23-cv-Sobodula on Investments at End of Plan Year at 27 year at 28 144 of 423

Report ID: M1102E

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2020 - 3/31/2021

Security ID	Security Description	Shares	Cost	Market Value Unreal	zed Gain/Loss				
REGISTERED INVESTMENT COMPANIES									
999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	67,875,300.420	67,875,300.42	67,875,300.42	0.00				
TOTAL REGIST	ERED INVESTMENT COMPANIES		67,875,300.42	67,875,300.42	<u>0.00</u>				
	GRAND TOTAL		67,875,300.42	67,875,300.42	<u>0.00</u>				
					0.00 C				
					0.00 I				

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2019

This Form is Open to Public Inspection

			Inspection				
Part I Annual Report	Identification Information						
For calendar plan year 2019 or fi	scal plan year beginning 04/01/2019	and ending 03/31/2	020				
A This return/report is for:	X a multiemployer plan	a multiple-employer plan (Filers checking t participating employer information in accordance)					
B This return/report is:	the first return/report	the final return/report					
	an amended return/report	a short plan year return/report (less than 1	2 months)				
C If the plan is a collectively-bar	gained plan, check here		≻ 🔀				
D Check box if filing under:	X Form 5558	automatic extension	the DFVC program				
	special extension (enter description)						
Part II Basic Plan Info	rmation—enter all requested informa	ition					
1a Name of plan NFL PLAYER DISABILITY & N	1b Three-digit plan number (PN) ▶ 501						
			1c Effective date of plan 07/01/1993				
City or town, state or provinc	m, apt., suite no. and street, or P.O. Boxe, country, and ZIP or foreign postal code.	de (if foreign, see instructions)	2b Employer Identification Number (EIN) 52-1852594				
DISABILITY BOARD OF THE NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT 2c Plan Sponsor's teleph number 800-638-3186							
200 ST. PAUL STREET SUITE 2420 BALTIMORE, MD 21202	2d Business code (see instructions) 711210						

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	01/04/2021 Date	BELINDA LERNER Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	12/08/2020 Date	SAM MCCULLUM Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019) v. 190130 Case 1:23-cv-00358-JRR Document 69-6 Filed 06/27/23 Page 146 of 423

Form 5500 (2019)

Page 2 **3a** Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN **3c** Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, 4b EIN enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **4d** PN Sponsor's name Plan Name 5 Total number of participants at the beginning of the plan year 10687 5 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). 2247 a(1) Total number of active participants at the beginning of the plan year 6a(1) 2292 a(2) Total number of active participants at the end of the plan year 6a(2)2247 6b Retired or separated participants receiving benefits..... 6860 Other retired or separated participants entitled to future benefits 6c 11399 6d Subtotal. Add lines 6a(2), 6b, and 6c. Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. 6e Total. Add lines 6d and 6e. 6f Number of participants with account balances as of the end of the plan year (only defined contribution plans 6g complete this item) Number of participants who terminated employment during the plan year with accrued benefits that were 6h less than 100% vested Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)...... 32 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4H 4U Plan funding arrangement (check all that apply) 9h Plan benefit arrangement (check all that apply) (1) Insurance (1) Insurance (2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts (3) Trust (3) Trust (4)General assets of the sponsor (4)General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules **b** General Schedules R (Retirement Plan Information) H (Financial Information) (1) (1) I (Financial Information – Small Plan) (2) MB (Multiemployer Defined Benefit Plan and Certain Money (2) (3) A (Insurance Information) Purchase Plan Actuarial Information) - signed by the plan actuary (4) **C** (Service Provider Information) **D** (DFE/Participating Plan Information) (5) (3)SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary G (Financial Transaction Schedules) (6)

Case 1:23-cv-00358-JRR Document 69-6 Filed 06/27/23 Page 147 of 423

Form 5500 (2019) Page **3**

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)
If "Yes" is checked, complete lines 11b and 11c.
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Receipt Confirmation Code

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

2019

Department of Labor Employee Benefits Security Administration	File as an attachment to Form	550	0.	This Form is Open to Public		
Pension Benefit Guaranty Corporation			1 P		Inspection.	
For calendar plan year 2019 or fiscal plan	n year beginning 04/01/2019			1/2020		
A Name of plan		В	Three-digit			
NFL PLAYER DISABILITY & NEURO	COGNITIVE BENEFIT PLAN		plan number (PN)	<u> </u>	501	
C Plan sponsor's name as shown on lin	e 2a of Form 5500	D	Employer Identification	n Number	(EIN)	
DISABILITY BOARD OF THE NFL PL	AYER DISABILITY & NEUROCOGNITIVE BENEFIT		52-1852594			
Part I Service Provider Info	ormation (see instructions)					
or more in total compensation (i.e., more plan during the plan year. If a person answer line 1 but are not required to in	dance with the instructions, to report the information re oney or anything else of monetary value) in connection received only eligible indirect compensation for which nolude that person when completing the remainder of t	with the his F	n services rendered to plan received the requ	the plan or	the person's position with the	
1 Information on Persons Rec	eiving Only Eligible Indirect Compensati	on				
	er you are excluding a person from the remainder of th					
indirect compensation for which the pl	an received the required disclosures (see instructions	for d	efinitions and conditior	າຮ)	Yes X No	
	the name and EIN or address of each person providing sation. Complete as many entries as needed (see inst			or the servi	ice providers who	
(b) Enter nam	ne and EIN or address of person who provided you dis	clos	ures on eligible indirect	compensa	ation	
(b) Enter nam	ne and EIN or address of person who provided you dis	clos	ures on eligible indirect	compensa	ation	
(b) Enter nam	ne and EIN or address of person who provided you dis-	closi	ures on eligible indirect	compensa	ation	
(1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	, , , , , , , , , , , , , , , , , , , ,		<u> </u>			
(h) Enter nom	ne and EIN or address of person who provided you dis	closi	res on eligible indirect	compens	ation	
(b) Enter han	ie and Lin or address or person who provided you dis	CIUSI	ares ou engible mullect	. compensa	auon	

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Schedule C (Form 5500) 2	.019	Page 2- 1	
(b) Enter na	ame and EIN or address of person who provided y	ou disclosures on eligible indirect compensi	ation
(b) Enter na	ame and EIN or address of person who provided y	ou disclosures on eligible indirect compensa	ation
(b) Enter na	ame and EIN or address of person who provided y	ou disclosures on eligible indirect compensa-	ation
/h> = .			
(D) Enter na	ame and EIN or address of person who provided y	ou disclosures on eligible indirect compensa	ation
(b) Enter na	ame and EIN or address of person who provided y	ou disclosures on eligible indirect compens	ation
(b) Enter na	ame and EIN or address of person who provided y	ou disclosures on eligible indirect compensa	ation
(b) Enter na	ame and EIN or address of person who provided y	ou disclosures on eligible indirect compens	ation
(h) Enter no	ame and EIN or address of person who provided y	YOU disclosures on eligible indirect company	ation
(b) Litter its	and and Envior address of person who provided y	a disclosures on engine muneur compensa	uuoi I

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Page	3	-	1

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation sch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
B BELL/P	ROZELLE NFL PLAY	ER RET PL				
13-604363	36					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8208480	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
GROOM I 52-121902	LAW GROUP					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	2875100	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ATLANTA 46-123278	NEUROPSYCHOLO	GY, LLC				
	1	(4)	(0)	/£ \	(m)	/b)
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	271000	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation sch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
· · · · · · · · · · · · · · · · · · ·			(a) Enter name and EIN or	r address (see instructions)	· · · · · · · · · · · · · · · · · · ·	·
KEVIN KE	ESSLER, M.D., P.A.					
20-138821	10					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	243002	Yes No X	Yes No		Yes No
			6) Fatarana and FIN an	and drawn (and in a toward in and)		
SILVANA	RIGGIO, M.D.	(170 E/ SUITE	AST 87TH STREET W20C YORK, NY 10128		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	237000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
DAVID F.	APPLE JR., M.D.	<u> </u>	2020 F	PEACHTREE ROAD NW NTA, GA 30309		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	234393	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
(i.e., mone	ey or arrything else or	•		address (see instructions)	pian during the pian year. (Se	ee instructions).
DEAN C.	DELIS, CLINICAL PS	YCH., INC	· ·	<u> </u>		
81-060872	29					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	226000	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JAMES L. 45-505142	CHEN, M.D., INC.					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	223400	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ALL FLOR	RIDA ORTHOPAEDIC	ASSOCIATES				
59-268199	90					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	222854	Yes No X	Yes No		Yes No

(a) Enter name and EIN or address (see instructions) BARRY J. MCCASLAND, M.D., P.C. (b) (c) Relationship to employer, employee organization, or person known to be a party-in-interest enter -0 (d) (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) (b) (c) Relationship to employer, employee organization, or person known to be a party-in-interest enter -0 (d) Enter direct compensation include eligible indirect compensation, for which the plan received the required disclosures? (g) Enter total indirect compensation, for which the plan received the required disclosures? (f). If none, enter total indirect compensation of which the plan received the required disclosures?	
(b) Service Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest a party-in-interest (compensation paid by the plan. If none, enter -0 (d) Enter direct compensation paid by the plan. If none, enter -0 (e) Did service provider receive indirect compensation, (sources other than plan or plan sponsor) (sources other than plan or plan enter -0 (g) Enter total indirect compensation, for which the plan received the required disclosures? (sources other than plan or plan sponsor)	
(b) Service Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest (compensation paid party-in-interest (compensation paid by the plan. If none, enter -0 (compensation) (
Service Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest Relationship to employer, employee organization, or person known to be a party-in-interest Enter direct compensation receive indirect compensation? (sources other than plan or plan sponsor) Did service provider receive indirect compensation, include eligible indirect compensation, for which the plan received the required disclosures? Enter total indirect compensation include eligible indirect compensation for which the plan received the required disclosures?	
	provider give you a cluding formula instead of an amount or hich you element
49 50 NONE 213500 Yes No Yes No	Yes No
(a) Enter name and EIN or address (see instructions)	
JANYNA MERCADO, PH.D. 19430 CAMINO RIDGE SAN ANTONIO, TX 78258	
(b) Service Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest (d) Enter direct compensation paid by the plan. If none, enter -0 (Did service provider receive indirect compensation; (sources other than plan or plan sponsor) (e) Did service provider receive indirect compensation, for which the plan received the required disclosures? (g) Enter total indirect compensation, for which the plan received the required disclosures? (f) Enter total indirect compensation include eligible indirect compensation for which the plan received the required disclosures? (f) Enter total indirect compensation include eligible indirect compensation for which the plan received the required disclosures?	provider give you a formula instead of an amount or hich you element
49 50 NONE 213000 Yes No X Yes No	Yes No
(a) Enter name and EIN or address (see instructions)	
PSYCHIATRIC ASSOC. OF ATLANTA, LLC 01-0683990	
(b) (c) Relationship to employer, employee organization, or person known to be (c) Service (compensation paid organization, or person known to be (c) Service (c)	provider give you a formula instead of an amount or hich you element
49 50 NONE 205500 Yes No X Yes No	Yes No No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
ERIC J. B	RAHIN, M.D., PLLC					
46-443514	41					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	203000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
33-083430 (b) Service Code(s)	(c) Relationship to employer, employee	(d) Enter direct	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	201944	Yes No 🗵	Yes No	(f). If none, enter -0	Yes No
			a) Enter name and EIN or	address (see instructions)		
PEACHTF 58-108074	REE ORTHOPEDIC C	•	. ,	, ,		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	186005	Yes No X	Yes No		Yes No

Schedule C	(Form	5500	2019

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN o	r address (see instructions)		
WILLIAM	GARMOE, PH.D.		SUITE	GALLANT FOX LANE 107 E, MD 20715		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	185000	Yes No X	Yes No		Yes No
	1	(a) Enter name and EIN or	address (see instructions)	l	
RODNEY	D. VANDERPLOEG,	PH.D.	SUITE	ND AVENUE NE 322 PETERSBURG, FL 33701		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	162000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
F. HARLA	N SELESNICK, M.D.			SW 104TH STREET , FL 33156		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	161500	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
VIRGIL N	MEDLOCK III, M.D.			LIVINGSTON AVE AS, TX 75205		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	156000	Yes No X	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
33-10101		(4)	(0)	(f)	(a)	(b)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	139170	Yes No X	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
RAYMON	ND FABER, M.D.		SUITE	HUEBNER ROAD : 106-273 INTONIO, TX 78230		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	130000	Yes ☐ No 🗵	Yes No N		Yes No N

2. Inform	ation on Other S	Service Providers	s Receiving Direct o	r Indirect Compensation	Except for those persons	for whom you
				ich person receiving, directly or ne plan or their position with the	•	•
(i.e., illoil	ey or arrything else or	·		· · · · · · · · · · · · · · · · · · ·	plan during the plan year. (St	se instructions).
(a) Enter name and EIN or address (see instructions) FONDREN ORTHOPEDIC GROUP, LLP						
FONDRE	N ORTHOPEDIC GRO	OUP, LLP				
76-036358	33					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
49 50	NONE	129083	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
NICOLEV	WEDNED DUD II.C	`	,			
NICOLE	WERNER, PH.D., LLC					
81-431931	19					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	126000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
ORTHOP	EDIC CENTERS OF C		ay Enter hame and Env or	addicas (acc mandenons)		
47-502119	91					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	125696	Yes No X	Yes No		Yes No

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
FLORIDA	SPORTS INJURY					
45-28068	34					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	125685	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
36-38154	1					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	124789	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ROBERT	A. BORNSTEIN, PH.I).		JCKER DRIVE THINGTON, OH 43085		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	124000	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
AAKASH	SHAH		SUITE	VEST 119TH STREET 308 LAND PARK, KS 66209		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	112500	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
AON 22-223226	54					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	109531	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JOSEPH	CHAD HOYLE, M.D.			BRYSON COVE CIRCLE IN, OH 43016		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	108000	Yes No 🗵	Yes No		Yes No No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN o	r address (see instructions)		
DOYLE P	ATTON, PH.D.					
20-200023	35					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	108000	Yes No X	Yes No		Yes No
		((a) Enter name and FIN or	address (see instructions)		
NEAL DE	UTCH, PH.D. & ASSC					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	103000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
UNIVERS	ITY PHYSICIANS, INC	C.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	100000	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
ORTHOP	AEDIC CARE SPECIA	ALISTS				
65-08823	67					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	99565	Yes No 🛚	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
83-378799	T	(4)	(0)	(5)	(4)	(h)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	99500	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
RR DONN 52-212512	NELLEY RECEIVABLE	ES, INC.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	99216	Yes ☐ No X	Yes No		Yes No

0 lmf===	ation or Other O	Amelaa Duardaliii	- Decelules Disect -	u Indianat Comment		
answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
GREGOR	RY MACK, M.D., INC.					
20-401569	90					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
. ,	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?		estimated amount?
					(f). If none, enter -0	
49 50	NONE	98526				
			Yes No X	Yes No		Yes No
			a) Enter name and EIN or	addraga (aga instructions)		
	ACCROCATION.		a) Enter hame and Envior	address (see instructions)		
HERIZO	ORPORATION					
13-193856	68					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee		Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount?
					(f). If none, enter -0	
49 50	NONE	94121	Yes ☐ No 🛛	Yes No		Yes No No
		(a) Enter name and EIN or	address (see instructions)		
PAUL S.	SAENZ, D.O., P.A.					
74-26134	58					
(b) Service	(c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
Code(s)	employer, employee organization, or		receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you a formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required disclosures?	eligible indirect	an amount or
	a party-in-interest		sponsor)	uisciosures :	compensation for which you answered "Yes" to element	commated amount?
40.50	NONE	00051			(f). If none, enter -0	
49 50	NONE	92251	Yes No X	Yes No		Yes No

answered	I "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-		((a) Enter name and EIN o	r address (see instructions)		
STEPHEN	N MACCIOCCHI, PH.I).		OX 189 LE HILL, GA 30148		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	90000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
47-547704	& ASSOCIATES					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	89824	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
MARK JC	ORDAN TULLMAN, M.	D.		ONTENAC ESTATES DRIVE TENAC, MO 63131		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	81500	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
LAURA LA	ACRITZ, PH.D.					
75-600286	68					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	75000	Yes No 🛚	Yes No		Yes No
	1	(a) Enter name and EIN or	address (see instructions)	l	
OSU SPO 31-132286	ORTS MEDICINE CEN	TER				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	74210	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
DAVID F. 83-186307	CLARK, M.D.					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	72000	Yes No X	Yes No		Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) MENORAH MEDICAL GROUP, LLC 80-0609778 (b) (c) (d) (e) (f) (g) (h) Did service provider Did indirect compensation Enter total indirect Service Relationship to Enter direct Did the service include eligible indirect provider give you a Code(s) employer, employee compensation paid receive indirect compensation received by service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or disclosures? compensation for which you a party-in-interest sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 71072 49 50 **NONE** Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) ROBERT L HEILBRONNER, PH.D. 333 N. MICHIGAN AVENUE **SUITE 1801** CHICAGO, IL 60601 (b) (d) (f) (c) (e) (g) (h) Relationship to Did service provider Did indirect compensation Enter total indirect Did the service Enter direct Service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none compensation? (sources compensation, for which the service provider excluding organization, or formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 70000 49 50 **NONE** Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) STEVEN EPSTEIN, M.D. 2115 WISCONSIN AVENUE NW SUITE 200 WASHINGTON, DC 20007 (b) (d) (f) (h) (c) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee | compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of eligible indirect person known to be plan received the required an amount or enter -0-. other than plan or plan a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 67500 Yes No X Yes No Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
(1.0., 111011	oy or arrything cloc or	•		address (see instructions)	plan daning the plan year. (ex	oo mondonono).
VHS OUT	PATIENT CLINICS, IN	NC.				
62-181682	23					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	67142	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ALAN BR 81-192476	EEN, PH.D., LLC					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	65000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
CHARLES	S A. BUSH-JOSEPH, I	M.D.		LINCOLN PALE, IL 60521		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	64570	Yes No X	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN o	r address (see instructions)		
JONATHA	AN SCHLEIMER, M.D.		#750	GENESEE AVENUE LLA, CA 92037		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	63000	Yes No X	Yes No		Yes No
			a) Enter name and FIN or	address (see instructions)		
13-516038 (b) Service	32 (c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
Code(s)	employer, employee organization, or person known to be a party-in-interest		receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	provider give you a formula instead of an amount or
21 50	NONE	62844	Yes X No	Yes 🛛 No 🗌	0	Yes No
		(a) Enter name and EIN or	address (see instructions)		
ALVIN DE	ETTERLINE, M.D.			FOXLAND ROAD NIX, MD 21131		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	62500	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation	
	(a) Enter name and EIN or address (see instructions) KATHERINE BRIGGS BROWNLOWE, M.D. 2929 NORTH STAR ROAD UPPER ARLINGTON, OH 43221						
KATHER	INE BRIGGS BROWN	LOWE, M.D.					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
49 50	NONE	60000	Yes No X	Yes No		Yes No	
			(a) Enter name and FIN or	address (see instructions)			
20-05796 (b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount	
49 50	NONE	60000	Yes No X	Yes No		Yes No	
			(a) Enter name and EIN or	address (see instructions)			
JOHN RA 45-25290	ABUN, M.D., LLC						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
49 50	NONE	60000	Yes No X	Yes No N		Yes No	

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
-			(a) Enter name and EIN or	r address (see instructions)		
MICHAEL	. LARDON, M.D.			CONVOY STREET #318 DIEGO, CA 92111		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	54000	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
RUSSELL	_ VANDENBELT, M.D.		P.O. B	OX 440 ER ISLAND, WA 98040		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	54000	Yes No 🛚	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
DOUGLA 45-428132	S B. COOPER, PH.D.	, ABPP-CN				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	50000	Yes No X	Yes No		Yes No

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation sch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
-		((a) Enter name and EIN o	r address (see instructions)		
SUTAPA	MCNASBY, PH.D.			CARLTON CROSSING DRIVE AM, NC 27713		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	45000	Yes No X	Yes No		Yes No
	1	(a) Enter name and EIN or	address (see instructions)		
74-21780 (b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect	Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	45000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
SHEBA K	(HALID, M.D., LLC		SUITE	GRANADA LANE #102 LAND PARK, KS 66211		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	43500	Yes No X	Yes No		Yes No

			•	r Indirect Compensation	•	•
		value) in connection v	with services rendered to the	ne plan or their position with the		
			(a) Enter name and EIN of	r address (see instructions)		
LAWREN	ICE MURPHY, M.D.					
45-40178	63					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	42000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
45-39310	SIONAL FIDUCIARY S	SERVICES LLC				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	41597	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
CHRISTII 82-38607	NE CHANG M.D.					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	40500	Yes No X	Yes No		Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) PERRY ORTHO & SPORTS MEDICINE, P.A. 56-2258322 (b) (c) (d) (e) (f) (g) (h) Did service provider Did indirect compensation Enter total indirect Service Relationship to Enter direct Did the service include eligible indirect provider give you a Code(s) employer, employee compensation paid receive indirect compensation received by service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you a party-in-interest sponsor) disclosures? estimated amount? answered "Yes" to element (f). If none, enter -0-. 39915 49 50 **NONE** Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) TEMPO HOLDING COMPANY, LLC 82-1061233 (b) (f) (c) (d) (e) (g) (h) Did indirect compensation Enter total indirect Did the service Did service provider Service Relationship to Enter direct Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none service provider excluding compensation? (sources compensation, for which the organization, or formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you a party-in-interest disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 38650 15 50 60 **NONE** Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) EDWARD A. RANKIN, M.D. 7731 ROCTON COURT CHEVY CHASE, MD 20815 (b) (d) (h) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service include eligible indirect employer, employee | compensation paid receive indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be plan received the required eligible indirect an amount or enter -0-. other than plan or plan a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 38500 Yes No X Yes No Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
MARCUS	P. COOK, M.D.					
46-073849	95					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	37000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	ı	
ORRIN SI	HERMAN, M.D.		14C	AST 72ND STREET YORK, NY 10021		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	36000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
DAVID J.	BELFIE, M.D.			17TH AVENUE NW ELINE, WA 98177		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	36000	Yes No X	Yes No		Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) CAROLINA HEADACHE INSTITUTE 27-0823332 (b) (c) (d) (e) (f) (g) (h) Did indirect compensation Did service provider Enter total indirect Service Relationship to Enter direct Did the service include eligible indirect provider give you a Code(s) employer, employee compensation paid receive indirect compensation received by service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or disclosures? compensation for which you estimated amount? a party-in-interest sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 33000 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) JOHN HEFFERON, M.D. 1355 N. SANDBURG TERRACE **APT 508** CHICAGO, IL 60610 (b) (d) (f) (c) (e) (g) (h) Did service provider Did indirect compensation Enter total indirect Did the service Relationship to Enter direct Service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none compensation? (sources service provider excluding compensation, for which the organization, or formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 32500 49 50 **NONE** Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) TERRY LAMAR THOMPSON, M.D. 2041 GEORGIA AVENUE NW WASHINGTON, DC 20060 (b) (d) (f) (h) (c) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service include eligible indirect employer, employee | compensation paid receive indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be plan received the required eligible indirect an amount or enter -0-. other than plan or plan a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 32500 49 50 **NONE** Yes No X Yes No Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
(a) Enter name and EIN or address (see instructions) OSU PSYCHIATRY, LLC						
20-04372	35					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	31000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JOHN C.	RAISS, M.D.		SUITE	WILSHIRE BLVD : 411 A MONICA, CA 90403		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	30500	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
BAPTIST	HEALTH MEDICAL G	ROUP				
26-08860	56					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	29393	Yes No X	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
LOWRY F	PSYCHIATRY, P.C.			EAST 1ST PLACE #106C ER, CO 80230		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	27500	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ALLEN JA	ACKSON, M.D.		PO BC MEDIN	OX 188 NA, WA 98039		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	26000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ABRAMS 52-185404	, FOSTER, NOLE & W		·	<u>, , , , , , , , , , , , , , , , , , , </u>		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	22100	Yes No X	Yes No		Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) MOIRA ARTIGUES, M.D. 26-0552276 (b) (c) (d) (e) (f) (g) (h) Did indirect compensation Did service provider Enter total indirect Service Relationship to Enter direct Did the service include eligible indirect provider give you a Code(s) employer, employee compensation paid receive indirect compensation received by service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or disclosures? compensation for which you a party-in-interest sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 21000 49 50 **NONE** Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) BRETT PLYLER, M.D. 46-5610304 (b) (d) (f) (c) (e) (g) (h) Did indirect compensation Enter total indirect Did the service Did service provider Service Relationship to Enter direct Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none compensation? (sources service provider excluding compensation, for which the organization, or formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 21000 49 50 **NONE** Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) BRENDAN JAMES KELLEY, M.D. 136 SAND POINT COURT COPPELL, TX 75019 (b) (d) (f) (h) (c) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service include eligible indirect employer, employee | compensation paid receive indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be plan received the required eligible indirect an amount or enter -0-. other than plan or plan a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 21000

Yes No X

Yes No

Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) GEORGE J. DEMAKIS, PH.D. 81-1390308 (b) (c) (d) (e) (f) (g) (h) Did indirect compensation Did service provider Enter total indirect Service Relationship to Enter direct Did the service include eligible indirect provider give you a Code(s) employer, employee compensation paid receive indirect compensation received by service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you a party-in-interest sponsor) disclosures? estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 20000 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) SAN DIEGO IMAGING MEDICAL GROUP 95-2669833 (b) (d) (f) (c) (e) (g) (h) Did indirect compensation Enter total indirect Did the service Did service provider Service Relationship to Enter direct Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none compensation? (sources service provider excluding compensation, for which the organization, or formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 19081 49 50 **NONE** Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) TIMOTHY N. TAFT, M.D. 115 MORGAN BEND COURT CHAPEL HILL, NC 27517 (b) (d) (f) (h) (c) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service include eligible indirect employer, employee | compensation paid receive indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be plan received the required eligible indirect an amount or enter -0-. other than plan or plan a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 **NONE** 18000 Yes No X Yes No Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
MARTIN	MARTIN STRASSNIG, M.D. 81-3867574 (b) (c) (d) Enter direct compensation paid by the plan. If none, person known to be (enter -0) (b) Service Code(s) (c) Relationship to employer, employee organization, or person known to be (enter -0) (c) (d) (e) (f) (f) (g) (g) (h) (h) (h) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f					
81-38675	74					
Service	Relationship to employer, employee organization, or	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources	Did indirect compensation include eligible indirect compensation, for which the	Enter total indirect compensation received by service provider excluding	Did the service provider give you a formula instead of an amount or
49 50	NONE	18000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
22-36158 (b) Service Code(s)	(c) Relationship to employer, employee	(d) Enter direct	(e) Did service provider receive indirect compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	(g) Enter total indirect compensation received by service provider excluding	(h) Did the service provider give you a formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or
49 50	NONE	15000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
SPORTS 90-01201	MED. ASSOC. OF SA	N ANTONIO				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	11836	Yes No X	Yes No		Yes No

Page **3 -** 31

answered	d "Yes" to line 1a abov	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
HOSPITA	ALS INSURANCE COM	MPANY, INC.				
13-34094	666					
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	10325	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
91-19475 (b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you	(h) Did the service provider give you a formula instead of an amount or estimated amount:
49 50	NONE	10157	Yes No 🛚	Yes No	answered "Yes" to element (f). If none, enter -0	Yes No No
			(a) Enter name and EIN or	address (see instructions)		
CHARLE	NE BANG, PSYD		#2B	78TH STREET SON HEIGHTS, NY 11372		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
40 EC	NONE	10000	1	1	1	1

Yes No X

Yes No

Yes No

	(a) Enter name and EIN or address (see instructions) (b) CRelationship to employer, employee organization, or person known to be a party-in-interest enter -0 (c) CReson to be a party-in-interest enter -0 (d) Enter name and EIN or address (see instructions) (e) Did service provider receive indirect compensation, for which the plan or plan sponsor) (g) CREDITION TO SPORTS MED. (h) CREDITION TO SPORTS MED. (h) Enter direct compensation paid by the plan. If none, enter -0 (h) CREDITION TO SPORTS MED. (h) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? (h) CREDITION TO SPORTS MED. (h) Did indirect compensation include eligible indirect compensation received by service provider excluding eligible indirect compensation of manual instead of an amount or estimated amount or e					
	(b) (c) Relationship to employer, employee organization, or person known to be a party-in-interest enter -0 (d) (e) (e) Did service provider receive indirect compensation; sponsor) (b) (c) Relationship to employer, employee organization, or person known to be a party-in-interest enter -0 (d) Enter direct compensation paid by the plan. If none, enter -0 (p) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? (h) Did the service provider give your some plan received the required disclosures? (f). If none, enter -0					
MID STA	TE ORTHOPAEDIC &	(a) Enter name and EIN or address (see instructions) (b) Enter name and EIN or address (see instructions) (c) Enter instructions (see instructions) (d) Enter name and EIN or address (see instructions) (e) Enter table indirect compensation paid garaxization, or conclude eligible indirect compensation for which the plan received the required disclosures? (a) Enter name and EIN or address (see instructions) (b) Enter forter to element (f), if none, enter -0 (a) Enter name and EIN or address (see instructions) (b) Enter fortal indirect compensation for which the plan received the required disclosures? (c) Enter forter to element (f), if none, enter -0 (d) Enter name and EIN or address (see instructions) (e) Enter forter forter to element (f), if none, enter -0 (a) Enter name and EIN or address (see instructions) (b) Enter forter forte				
72-13109	91					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you formula instead o an amount or
49 50	NONE	9614	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you formula instead o an amount or
49 50	NON	9299	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
MEDSTA 52-22284		ED CTR, INC.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you formula instead o an amount or
49 50	NONE	9000	Yes No X	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	ach person receiving, directly or	indirectly, \$5,000 or more in t	total compensation
(i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) UMD ST. JOSEPH ORTHOPAEDICS, LLC 32-0391006 (b) (c) (d) Enter direct compensation paid by the plan. If none, person known to be enter -0 (d) (e) Did service provider receive indirect compensation; (sources other than plan or plan o						
(a) Enter name and EIN or address (see instructions) UMD ST. JOSEPH ORTHOPAEDICS, LLC 32-0391006 (b)						
32-039100	06					
Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you formula instead o an amount or
49 50	NONE	7130	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
GEORGE	H. CANIZARES	·	4600 4	TH STREET NORTH		
Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you formula instead o an amount or
49 50	NONE	6817	Yes No X	Yes No		Yes No
	•	(a) Enter name and EIN or	address (see instructions)		
HOWARD	O UNIVERSITY HOSP	ITAL				
53-019696	61					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
49 50	NONE	6234	Yes No X	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
(a) Enter name and EIN or address (see instructions) CLOUDBERRY CREATIVE, INC.						
CLOUDBI	ERRY CREATIVE, INC	C.				
27-127103	32					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38 50 70	NONE	6004	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
MICHAEL	HUGH SCHECTER,		215 N APT 3	PINE ST		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
SANDEER 84-392975	P AGGARWAL, M.D.					
	1	I (B		(6)		4.
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6000	Yes No 🛚	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
-			(a) Enter name and EIN or	address (see instructions)		
JONATHA	AN VOGEL, M.D.					
84-399284	12					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6000	Yes No X	Yes No		Yes No
	1	(a) Enter name and EIN or	address (see instructions)	ı	
		(1)	(2)	(0)	(.)	(1)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No No	Yes No		Yes No

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Schedule C (Form 5500) 2019

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Part I	Service Provider Information (continued)
. If you repo	orted on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary
	s contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following
questions	or (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service
provider ga	ave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as

many entries as needed to report the required information for each source.		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.

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D	art II Service Providers Who Fail or Refuse to	Drovido Infor	mation
4			r who failed or refused to provide the information necessary to complete
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide

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D	art III	Tormination Information on Associationts and Envelled As	etuaries (see instructions)
Pa	ai t III	Termination Information on Accountants and Enrolled Accomplete as many entries as needed)	ctuaries (see ilistructions)
а	Name:	, , ,	b EIN:
C	Positio	n:	
d	Addres		e Telephone:
Ex	planation		
_			
а	Name:		b EIN:
C	Positio	n:	D LIN.
d	Addres		e Telephone:
-			
Ex	planation	:	
_	N1		h riv
<u>a</u>	Name:	a.	b EIN:
<u>c</u> d	Position		e Telephone:
u	Addres	o.	с теверноне.
Ex	planation	:	
а	Name:		b EIN:
C	Positio		
d	Addres	S:	e Telephone:
Ex	planation	:	<u></u>
	-		
а	Name:		b EIN:
С	Positio		
d	Addres	S:	e Telephone:
	planation		
ĽΧ	piarialiUN		

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration **Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation				Inspection	Ì
For calendar plan year 2019 or fiscal pla	n year beginning 04/01/2019	and ending 03	3/31/2020		
A Name of plan NFL PLAYER DISABILITY & NEUROO	COGNITIVE BENEFIT PLAN		ee-digit		501
WETER BIONDIETT & NEOROC	SOOMITIVE BENEFITTE ENV	pian	number (PN)	/	
C Plan sponsor's name as shown on lir	ne 2a of Form 5500	D Emplo	oyer Identification	Number (El	IN)
DISABILITY BOARD OF THE NFL PLA	AYER DISABILITY & NEUROCOGNITIVE E	BENEFIT	52-1852594		

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	17061	5106
C General investments: (1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	48572988	56019689
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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Schedule H (Form 5500) 2019

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d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property			
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	48590049	56024795
Liabilities		·	
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
Net assets (subtract line 1k from line 1f)	11	48590049	56024795
		<u> </u>	

Part II Income and Expense Statement

Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	212500000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		212500000
Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4713	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4713
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		C
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		C
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

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			(a) Am	ount		(b) Total
	(6) Net investment gain (loss) from common/collective trusts	2b(6)	•	-,			`	-,
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)						
	(8) Net investment gain (loss) from master trust investment accounts							
	(9) Net investment gain (loss) from 103-12 investment entities	a. (a)						
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)						402227
С	Other income	2c						
d	Total income. Add all income amounts in column (b) and enter total	2d						212906940
	Expenses							
е	Benefit payment and payments to provide benefits:							
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			18503	5539		
	(2) To insurance carriers for the provision of benefits	2e(2)						
	(3) Other	2e(3)						
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)						185035539
f	Corrective distributions (see instructions)	2f						
g	Certain deemed distributions of participant loans (see instructions)							
h	Interest expense	2h						
i	Administrative expenses: (1) Professional fees	2i(1)			3046	6681		
	(2) Contract administrator fees	2i(2)					-	
	(3) Investment advisory and management fees	2i(3)					-	
	(4) Other	0:/4\			17389	9974		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	0:/5\						20436655
j	Total expenses. Add all expense amounts in column (b) and enter total							205472194
	Net Income and Reconciliation						_	
k	Net income (loss). Subtract line 2j from line 2d	2k						7434746
I	Transfers of assets:							
	(1) To this plan	2I(1)						
	(2) From this plan	2I(2)						
Da	art III Accountant's Opinion							
3	Int III Accountant's Opinion Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant	is attached to	o this	Form 5	500. Co	mplete line 3d	if an opinion is not
	The attached opinion of an independent qualified public accountant for this pl	an is (see ins	structions):					
-) Adverse	•					
h	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10						Yes	X No
	Enter the name and EIN of the accountant (or accounting firm) below:	75-6 and/01 1	03-12(u):					<u>N</u> 140
·	(1) Name: ABRAMS,FOSTER,NOLE & WILLIAMS P.A.		(2) EIN	52-1	185404	<u> </u>		
d	The opinion of an independent qualified public accountant is not attached be (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached.						TD 2520 404	=0
D -		acried to the	next r onn 5	500 pc	iisuaiii	10 29 0	11 2320.104-	
<u>Ра</u> 4	Irt IV Compliance Questions	not complet	a linea 4a 4	o 1f /	1a 1b	41¢ 4m	An or F	
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do		e iines 4a, 40	e, 41, 4				
	During the plan year:				Yes	No	F	mount
а	Was there a failure to transmit to the plan any participant contributions with period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction	prior year fa		4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in defa							
	close of the plan year or classified during the year as uncollectible? Disregasecured by participant's account balance. (Attach Schedule G (Form 5500) checked.)) Part I if "Yes	s" is	4b		X		
	 /							

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Schedule H (Form 5500) 2019 Page **4-** 1

			Yes	No	Amou	unt
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
е	Was this plan covered by a fidelity bond?	4e	X			1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4ii	X	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
I	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?	s X	No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify t	he plan	(s) to w	hich assets or liabil	ities were
	5b(1) Name of plan(s)				5b(2) EIN(s)	5b(3) PN(s)
	the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan yes		21.)?	Y		lot determined e instructions.)
						,



NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN

Financial Statements and Independent Auditor's Report

Years Ended March 31, 2020 and 2019

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INDEPENDENT AUDITOR'S REPORT

To The Disability Board of the NFL Player Disability & Neurocognitive Benefit Plan Baltimore, Maryland

We have audited the accompanying financial statements of the NFL Player Disability & Neurocognitive Benefit Plan (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of March 31, 2020 and 2019, the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2.A; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Certified Public Accountants & Business Advisors

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan (modified cash basis) as of March 31, 2020 and 2019, and the changes in its net assets available for benefits (modified cash basis) for the years then ended, in accordance with the modified cash basis of accounting described in Note 2.A.

Basis of Accounting

We draw attention to Note 2.A of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) of administrative expenses, assets held for investment purposes, and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Abrams, Foster, Nole & Williams, P.A.

Alexano, Foster, Nole & William, P. A.

Certified Public Accountants

Baltimore, Maryland

October 9, 2020

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Statements of Net Assets Available for Benefits (Modified Cash Basis) March 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASS	SETS	
Investments, at fair value		
Pooled money market funds	\$ 56,019,689	\$ 48,572,988
Interest receivable	5,106	17,061
Total assets	56,024,795	48,590,049

NET ASSETS AVAILABLE FOR BENEFITS

Net Assets Available for Benefits

\$ 56,024,795

\$ 48,590,049

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis) Years Ended March 31, 2020 and 2019

		<u>2020</u>	<u>2019</u>
	ADDITIONS		
Interest income Employer contributions Total additions		\$ 406,940 212,500,000 212,906,940	\$ 381,069 182,300,000 182,681,069
	DEDUCTIONS		
Benefits paid to participants Administrative expenses Total deductions		185,035,539 20,436,655 205,472,194	157,040,942 17,783,557 174,824,499
Net increase Net assets available for benefits: Beginning of year		7,434,746 48,590,049	7,856,570 40,733,479
End of Year		\$ 56,024,795	\$ 48,590,049

[&]quot;The accompanying notes are an integral part of the Financial Statements"

1. DESCRIPTION OF THE PLAN

The following brief description of the NFL Player Disability & Neurocognitive Benefit Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information. Capitalized terms have the meaning provided for in the Plan document.

A. General

The 1993 Collective Bargaining Agreement ("CBA") between the National Football League Players Association ("NFLPA") and the National Football League Management Council ("NFLMC") provided for the establishment of the Plan, which currently provides total and permanent disability benefits, line-of-duty disability benefits, and neurocognitive disability benefits to certain eligible Players.

The Plan, formerly named the "NFL Player Supplemental Disability Plan," initially provided only supplemental total and permanent disability benefits to Players who qualified for those benefits under the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Pension Plan"). The 2011 CBA continued and improved supplemental total and permanent disability benefits under the Plan, created a new benefit for Players suffering from neurocognitive impairments, and provided that the payment for certain additional disability benefits would be transitioned from the Pension Plan to the Plan.

Effective September 1, 2011, the Plan was amended to include the neurocognitive benefit provided for under the 2011 CBA and was renamed the "NFL Player Supplemental Disability & Neurocognitive Benefit Plan." Effective April 1, 2014, the Plan was restated and its current name, the "NFL Player Disability & Neurocognitive Benefit Plan," was adopted. The April 1, 2014 restatement provides that all total and permanent disability benefits relating to initial disability claims filed on and after January 1, 2015 will be paid out of the Plan, and that all line-of-duty disability benefits for periods on and after January 1, 2015 will be paid out of the Plan, other than certain line-of-duty disability benefits that will continue to be paid by the Pension Plan. The Pension Plan will continue to pay certain total and permanent disability benefits based on disability claims filed prior to January 1, 2015.

On March 15, 2020, the NFLMC and the NFLPA approved a new CBA in which they agreed to maintain this Plan and to make certain changes to the Plan, some of which became effective as of April 1, 2020, following the period covered by these financial statements.

1. DESCRIPTION OF THE PLAN (Continued)

A. General (continued)

The Plan is an employee welfare benefit plan within the meaning of Section 3(1) of the Employee Retirement Income Security Act of 1974, as amended. The key features of the Plan as of March 31, 2020 are summarized below.

B. <u>Funding Policy</u>

Contributions are made to the Trust which constitutes a Voluntary Employees' Beneficiary Association (VEBA). A VEBA is a welfare trust under IRC Section 501(c)(9). Pursuant to the 2011 CBA, NFL Member Clubs have agreed to contribute to the Trust, on at least a quarterly basis, amounts sufficient to pay estimated Plan benefits and expenses. The Trust holds the Plan's assets for the exclusive benefit of eligible participants.

C. Eligibility

A Player is eligible to receive benefits under this Plan if he meets the applicable standards of Plan Sections 3.1, 3.2, 4.1, 5.1, or 6.1.

D. Disability Benefits

Three types of disability benefits are provided for under the terms of the Plan: total and permanent disability benefits, line-of-duty disability benefits, and neurocognitive disability benefits. Eligible Players receive a monthly benefit in accordance with the terms of the Plan.

E. Plan Amendment or Termination

The Plan may only be amended or terminated by joint action of the NFLPA and the NFLMC while there is a CBA in effect. If no CBA is in effect, then the Plan may be amended by the Disability Board, and if no CBA has been in effect for more than one year, the Plan may be terminated by the Disability Board. No amendment or termination of the Plan may permit Trust assets to revert to, or be used or enjoyed by, an Employer, the League, or the NFLPA.

2. SIGNIFICANT ACCOUNTING POLICIES

A. <u>Basis of Accounting</u>

The accounting records of the Plan are maintained on the modified cash basis of accounting. Consequently, contributions and interest income are recognized when collected and expenses are recognized when paid. No recognition is given to assets and liabilities, except for amounts which arise from the cash transactions of the Plan. Accordingly, the accompanying financial statements are not intended to present net assets and changes in net assets in conformity with accounting principles generally accepted in the United States of America.

B. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

C. <u>Investment Valuation and Income Recognition</u>

Investments are reported at fair value. Note 9 describes the Plan's fair value criteria.

D. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

E. Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

3. INCOME TAX STATUS

On July 1, 1994, the Internal Revenue Service ("IRS") granted tax-exempt status to the Plan's trust under Section 501(c)(9) of the Internal Revenue Code ("IRC"). Accordingly, the trust's net investment income is exempt from income taxes. The Disability Board believes that the Plan's trust continues to be tax-exempt under IRC Section 501(c)(9).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to March 31, 2017.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Disability Board is not aware of any course of action or series of events that have occurred that will adversely affect the Plan's tax-exempt status at March 31, 2020.

4. PLAN AMENDMENTS

The Plan was amended and restated during the period under audit. Changes included: (a) extending the deadline for the submission of applications for neurocognitive disability benefits to March 31, 2021; (b) revising claims administration rules and procedures; (c) revising the standard and eligibility for mild and moderate neurocognitive disability benefits; and (d) revising the standard and eligibility of line-of-duty disability benefits.

5. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

6. RISKS AND UNCERTAINTIES

The Plan provides for investments in various investment securities that are exposed to certain risks and uncertainties such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, changes in value of investment securities could occur in the near term and these changes could materially affect the amounts reported in the statements of net assets available for benefits.

7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Bank of New York Mellon is the Trustee of the Plan and provides investment custody services to the Plan. Fees paid to The Bank of New York Mellon for these services for the years ended March 31, 2020 and 2019 were \$62,844 and \$59,146, respectively.

As described in Note 2.E, the Plan paid certain other expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

During the Plan years ended March 31, 2020 and 2019, the Plan incurred certain administrative expenses paid by the Bert Bell/Pete Rozelle NFL Player Retirement Plan. For the Plan years ended March 31, 2020 and 2019, the amounts reimbursed were \$8,208,480 and \$5,865,808, respectively.

8. INVESTMENTS

The Trustee and custodian of the Plan's securities is The Bank of New York Mellon.

The investments that represent more than 5% of the Plan's net assets as of March 31, 2020 and 2019, respectively are as follows:

	<u>2020</u>	<u>2019</u>
Interest bearing cash	\$ 56,019,689	\$ 48,572,988

9. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Codification ASC 820-10-50-2, *Fair Value Measurements* (formerly FASB Statement No. 157), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10-50-2 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

9. FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liabilities; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of March 31, 2020.

Treasury Prime Cash: Value at the closing price reported on the active market on which the securities are traded.

The method described above may produce a fair value calculation that may not be indicative of net realized value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

9. FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2020 and 2019:

Assets at Fair Value as of March 31, 2020:

	Level 1	Level 2		Level 3		Total Fair Value		
Interest bearing cash	\$ 56,019,689	\$	-	\$;	-	\$	56,019,689

Assets at Fair Value as of March 31, 2019:

	Level 1	Ī	Level	2	<u>L</u>	evel	<u>3</u>	<u>T</u>	ota	al Fair Val	<u>ue</u>
Interest bearing cash	\$ 48,572,988	\$		_	\$	-	-	\$	5	48,572,98	38

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

There were no transfers of assets between Level 1, 2, or 3 classifications for the years ended March 31, 2020 and 2019.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There were no reconciling differences; the net assets available for benefits per financial statement agree to net assets available for benefits per the Form 5500. Benefits paid to participants per the financial statement also agree to benefits paid to participants per the Form 5500.

11. **RECLASSIFICATION**

Certain amounts in the prior period have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on previously reported net assets available for benefits.

12. SUBSEQUENT EVENTS

Financial Accounting Standards Board Codification ASC 855-10-50, Subsequent Events, requires entities to evaluate events and transactions that occur after the statement of financial position date but before the date the financial statements are available to be issued. ASC 855-10-50 requires entities to recognize in the financial statements the effect of all events or transactions that provide additional evidence of conditions that existed at the statement of financial position date, including the estimates inherent in the financial statement preparation process.

In December 2019, an outbreak of a novel strain of coronavirus (COVID-19) originated in Wuhan, China and has since spread to other countries, including the U.S. COVID-19 has not had any effect on the ongoing operations of the Plan, except that the Plan's neutral physician examination program was paused temporarily due to considerations of Player safety and travel restrictions.

Subsequent events that provide evidence about conditions that arose after the statement of financial position date should be disclosed if the financial statements would otherwise be misleading. The Plan has evaluated subsequent events through the date the financial statements were available to be issued on October 9, 2020, and determined there were no material transactions to disclose.

SCHEDULES OF ADMINISTRATIVE EXPENSES

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Schedules of Administrative Expenses (Modified Cash Basis) Years Ended March 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Administrative Fees		
Aon	\$ 109,531	\$ 102,651
Alight Solutions, LLC	38,650	53,336
Abrams, Foster, Nole & Williams, P.A.	22,100	22,100
PRM Consulting Group, Inc.	1,300	-
Attorney Fees		
Groom Law Group	2,875,100	2,451,493
Other legal	90,000	110,000
Custodian Fees		
The Bank of New York Mellon	62,844	59,146
Other		
Plan office operating expense	8,208,480	5,865,808
Player medical and travel expenses	8,067,606	8,219,386
Medical consulting	723,825	680,038
Conservatorship related expenses	131,421	152,399
Printing expenses	99,216	48,022
Miscellaneous expenses	6,582	19,178
Total Administrative Expenses	\$ 20,436,655	\$17,783,557

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, SCHEDULE H, line 4i



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Report ID: M1102E

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2019 - 3/31/2020

Security ID	Security Description	Shares	Cost	Market Value Unrealized Gain/Los		
REGISTERED INVESTMENT	COMPANIES					
999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	56,019,689.330	56,019,689.33	56,019,689.33	0.00	
TOTAL REGIST	TERED INVESTMENT COMPANIES		56,019,689.33	56,019,689.33	<u>0.00</u>	
	GRAND TOTAL		56,019,689.33	<u>56,019,689.33</u>	<u>0.00</u>	
					0.00 C	
					0.00	

SCHEDULE OF REPORTABLE TRANSACTIONS, SCHEDULE H, line 4j



Case 1:23-cv-Singles Transactions in Fixense of Five Pregent of Plan Assetty e 211 of 423

Report ID: T6400

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2019 - 3/31/2020

					_				
	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	2,429,5	02.48							
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	52,000,000.000	0.00	52,000,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	52,000,000.000	0.00	0.00	52,000,000.00	52,000,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	55,500,000.000	0.00	55,500,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	55,500,000.000	0.00	0.00	55,500,000.00	55,500,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	51,300,000.000	0.00	51,300,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	51,300,000.000	0.00	0.00	51,300,000.00	51,300,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	53,700,000.000	0.00	53,700,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	53,700,000.000	0.00	0.00	53,700,000.00	53,700,000.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	13,956,657.390	0.00	0.00	13,956,657.39	13,956,657.39	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	13,149,662.710	0.00	0.00	13,149,662.71	13,149,662.71	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	13,543,314.130	0.00	0.00	13,543,314.13	13,543,314.13	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	38,340,950.610	0.00	38,340,950.61	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	13,879,231.030	0.00	0.00	13,879,231.03	13,879,231.03	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	13,967,876.010	0.00	0.00	13,967,876.01	13,967,876.01	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	41,052,933.200	0.00	41,052,933.20	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,276,432.640	0.00	0.00	14,276,432.64	14,276,432.64	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,318,988.140	0.00	0.00	14,318,988.14	14,318,988.14	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	4,116,402.580	0.00	0.00	4,116,402.58	4,116,402.58	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	51,300,000.000	0.00	51,300,000.00	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,742,562.890	0.00	0.00	14,742,562.89	14,742,562.89	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,602,802.010	0.00	0.00	14,602,802.01	14,602,802.01	0.00



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Report ID: T6400

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2019 - 3/31/2020

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE:	% VALUE : 2,429,502.48								
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,925,412.460	0.00	0.00	14,925,412.46	14,925,412.46	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	53,696,476.320	0.00	53,696,476.32	0.00	0.00	0.00



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Report ID: T6500

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2019 - 3/31/2020

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	: 2,429,502.48						
27	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	212,517,149.940	212,517,149.94	0.00	0.00	0.00
26	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	212,517,149.940	0.00	212,517,149.94	212,517,149.94	0.00
19	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	184,519,374.520	184,519,374.52	0.00	0.00	0.00
198	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	177,072,673.680	0.00	177,072,673.68	177,072,673.68	0.00



Abrams, Foster, Nole & Williams, P.A. 2 Hamill Road, Suite 241 West Quadrangle Baltimore, MD 21210

O: 410.433.6830 • **F**: 410.433.6871



Case 1:23-cv-**Single**STOPRESACTIONS CITY FACE SUBJECT FIVE PROJECT Plan Asset Spe 215 of 423

Report ID: T6400

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2019 - 3/31/2020

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	2,429,5								
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	52,000,000.000	0.00	52,000,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	52,000,000.000	0.00	0.00	52,000,000.00	52,000,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	55,500,000.000	0.00	55,500,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	55,500,000.000	0.00	0.00	55,500,000.00	55,500,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	51,300,000.000	0.00	51,300,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	51,300,000.000	0.00	0.00	51,300,000.00	51,300,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	53,700,000.000	0.00	53,700,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	53,700,000.000	0.00	0.00	53,700,000.00	53,700,000.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	13,956,657.390	0.00	0.00	13,956,657.39	13,956,657.39	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	13,149,662.710	0.00	0.00	13,149,662.71	13,149,662.71	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	13,543,314.130	0.00	0.00	13,543,314.13	13,543,314.13	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	38,340,950.610	0.00	38,340,950.61	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	13,879,231.030	0.00	0.00	13,879,231.03	13,879,231.03	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	13,967,876.010	0.00	0.00	13,967,876.01	13,967,876.01	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	41,052,933.200	0.00	41,052,933.20	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,276,432.640	0.00	0.00	14,276,432.64	14,276,432.64	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,318,988.140	0.00	0.00	14,318,988.14	14,318,988.14	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	4,116,402.580	0.00	0.00	4,116,402.58	4,116,402.58	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	51,300,000.000	0.00	51,300,000.00	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,742,562.890	0.00	0.00	14,742,562.89	14,742,562.89	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,602,802.010	0.00	0.00	14,602,802.01	14,602,802.01	0.00



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Report ID: T6400

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2019 - 3/31/2020

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE:	2,429,502.48								
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	14,925,412.460	0.00	0.00	14,925,412.46	14,925,412.46	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	53,696,476.320	0.00	53,696,476.32	0.00	0.00	0.00



Case 1:23-cv-Segies of Transactions in Fixees of Five Percent of Plan Asset \$17 of 423

Report ID: T6500

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2019 - 3/31/2020

NFL PLAYER DISABILITY &

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	2,429,5	502.48					
27	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	212,517,149.940	212,517,149.94	0.00	0.00	0.00
26	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	212,517,149.940	0.00	212,517,149.94	212,517,149.94	0.00
19	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	184,519,374.520	184,519,374.52	0.00	0.00	0.00
198	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	177,072,673.680	0.00	177,072,673.68	177,072,673.68	0.00



Case 1:23-cv-Sobstulp of Investments at End of Plan Year at 278 ued 20st 218 of 423

Report ID: M1102E

Status: FINAL

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2019 - 3/31/2020

NFL PLAYER DISABILITY &

Security ID	Security Description	Shares	Cost	Market Value Unreali	zed Gain/Loss
REGISTERED INVESTMENT	COMPANIES				
999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	56,019,689.330	56,019,689.33	56,019,689.33	0.00
TOTAL REGIST	TERED INVESTMENT COMPANIES		56,019,689.33	56,019,689.33	0.00
	GRAND TOTAL		56,019,689.33	<u>56,019,689.33</u>	0.00
					0.00 C
					0.00 I

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

> > Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2018

Pension E	serielli Guaranty Corporation			11115	Inspection	DIIC
Part I	Annual Report Ide	ntification Information				
For calenda	ar plan year 2018 or fiscal	plan year beginning 04/01/2018	and ending 03/31/20	19		
A This return/report is for: X a multiemployer plan						ns.)
		a single-employer plan	a DFE (specify)			
B This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return/report (less than 12	2 months))	
C If the pla	an is a collectively-bargain	ned plan, check here			×	
D Check b	oox if filing under:	Form 5558	automatic extension	the	e DFVC program	
		special extension (enter description				
Part II	Basic Plan Informa	ation—enter all requested information	on			
1a Name NFL PLAY	•	OCOGNITIVE BENEFIT PLAN		1b	Three-digit plan number (PN) ▶	501
				1c	Effective date of pla 07/01/1993	an
Mailing City or	g address (include room, a town, state or province, co	if for a single-employer plan) pt., suite no. and street, or P.O. Box) ountry, and ZIP or foreign postal code	,	2b	Employer Identification Number (EIN) 52-1852594	tion
DISABILITY	Y BOARD OF THE NFL PL	AYER DISABILITY & NEUROCOGN	ITIVE BENEFIT	2c	Plan Sponsor's tele number 800-638-3186	phone
SUITE 2420	UL STREET 0 E, MD 21202			2d	Business code (see instructions) 711210	•

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	12/03/2019 Date	BELINDA LERNER Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/12/2019	SAM MCCULLUM
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
IILIKE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018) v. 171027

Case 1:23-cv-00358-JRR Document 69-6 Filed 06/27/23 Page 220 of 423

Page 2 Form 5500 (2018) **3a** Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN **3c** Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, 4b EIN enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **4d** PN Sponsor's name Plan Name Total number of participants at the beginning of the plan year 10525 5 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). 2264 a(1) Total number of active participants at the beginning of the plan year 6a(1) 2247 a(2) Total number of active participants at the end of the plan year 6a(2)2034 Retired or separated participants receiving benefits..... 6b 6406 Other retired or separated participants entitled to future benefits...... 6c 10687 6d Subtotal. Add lines 6a(2), 6b, and 6c. Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. 6e Total. Add lines 6d and 6e 6f Number of participants with account balances as of the end of the plan year (only defined contribution plans 6g complete this item) Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 6h Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)...... 32 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4H 4U Plan funding arrangement (check all that apply) Plan benefit arrangement (check all that apply) (1) Insurance (1) Insurance (2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts (3) Trust (3) Trust (4)General assets of the sponsor (4)General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules **b** General Schedules R (Retirement Plan Information) (1) (1) H (Financial Information) I (Financial Information - Small Plan) (2) MB (Multiemployer Defined Benefit Plan and Certain Money (2) (3) O A (Insurance Information) Purchase Plan Actuarial Information) - signed by the plan actuary (4) **C** (Service Provider Information) **D** (DFE/Participating Plan Information) (5) (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary G (Financial Transaction Schedules) (6)

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Form 5500 (2018) Page **3**

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)
If "Yes" is checked, complete lines 11b and 11c.
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Receipt Confirmation Code

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

2018

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	▶ File as an attachment to Form	5500.	This F	This Form is Open to Public Inspection.	
For calendar plan year 2018 or fiscal plan	n year beginning 04/01/2018	and ending 03/3	31/2019	<u>-</u>	
A Name of plan NFL PLAYER DISABILITY & NEUROC		B Three-digit plan number (PN))	501	
C Plan sponsor's name as shown on line DISABILITY BOARD OF THE NFL PLA	e 2a of Form 5500 YER DISABILITY & NEUROCOGNITIVE BENEFIT	D Employer Identificat 52-1852594	ion Number	(EIN)	
Part I Service Provider Info	ermation (see instructions)	I.			
or more in total compensation (i.e., more plan during the plan year. If a person answer line 1 but are not required to in 1 Information on Persons Rec a Check "Yes" or "No" to indicate whether indirect compensation for which the plant.	dance with the instructions, to report the information received only eligible indirect compensation for which include that person when completing the remainder of eiving Only Eligible Indirect Compensation or the remainder of the person are excluding a person from the remainder of the tall the required disclosures (see instructions the name and EIN or address of each person providing the remainder of the name and EIN or address of each person providing the remainder of the name and EIN or address of each person providing the remainder of the name and EIN or address of each person providing the remainder of the name and EIN or address of each person providing the remainder of the name and EIN or address of each person providing the remainder of the name and EIN or address of each person providing the remainder of the name and EIN or address of each person providing the remainder of the name and EIN or address of each person providing the remainder of the name and EIN or address of each person providing the remainder of the name and EIN or address of each person providing the remainder of the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person providing the name and EIN or address of each person provided the name and EIN or address of each person provided the name and EIN or address of each person	in with services rendered to the plan received the requires Part. ion his Part because they recefor definitions and condition	o the plan or uired disclos sived only eligons)	the person's position with the ures, you are required to	
received only eligible indirect compens	sation. Complete as many entries as needed (see ins	tructions).			
(b) Enter nam	ne and EIN or address of person who provided you dis	closures on eligible indired	ct compensa	tion	
(b) Enter nam	ne and EIN or address of person who provided you dis	closures on eligible indired	ct compensa	tion	
		· ·	· ·		
(b) Enter nam	ne and EIN or address of person who provided you dis	closures on eligible indired	ct compensa	tion	

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Schedule C (Form 5500) 2018	Page 2- 1	
(b) Enter name and EIN or address of	person who provided you disclosures on eligible indirect compensation	
(b) Enter name and EIN or address of	person who provided you disclosures on eligible indirect compensation	
(b) Enter name and EIN or address of	person who provided you disclosures on eligible indirect compensation	
(b) Enter name and EIN or address of	person who provided you disclosures on eligible indirect compensation	
(b) Line Hame and Lin or address of	person who provided you disclosures on engible mained compensation	
(b) Enter name and EIN or address of	person who provided you disclosures on eligible indirect compensation	
(b) Enter name and EIN or address of	person who provided you disclosures on eligible indirect compensation	
(b) Enter name and FIN or address of	person who provided you disclosures on eligible indirect compensation	
(a) Lines hame and Lines a dealess of	porcent time provided you discission on original mail out compensation.	
(b) Enter name and EIN or address of	person who provided you disclosures on eligible indirect compensation	

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Schedule C	Form	5500	2018

Page	3	_	1	
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(1.0., 11101	ley or arrything else or	•		ne plan or their position with the raddress (see instructions)	plan during the plan year. (O	ee mandenona).
B BELL/P	ROZELLE NFL PLAYE		(a) Enter hame and Env of	address (see instructions)		
13-604363	36					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5865808	Yes No X	Yes No		Yes No
			2) Enter name and EIN or	addraga (aga instructions)		
GROOMI	LAW GROUP	(a) Enter name and EIN or	address (see instructions)		
52-121902	29					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	2451493	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JAMES L. 45-505142	CHEN, M.D., INC.					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	321250	Yes No X	Yes No		Yes No

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Page 3 -	2

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) 19430 CAMINO RIDGE JANYNA MERCADO, PH.D. SAN ANTONIO, TX 78258 (b) (c) (d) (e) (f) (g) (h) Did indirect compensation Did service provider Enter total indirect Service Relationship to Enter direct Did the service include eligible indirect provider give you a Code(s) employer, employee compensation paid receive indirect compensation received by service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you a party-in-interest sponsor) disclosures? estimated amount? answered "Yes" to element (f). If none, enter -0-. 264000 49 50 NONE Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) KEVIN KESSLER, M.D., P.A. 20-1388210 (b) (f) (c) (d) (e) (g) (h) Did indirect compensation Enter total indirect Did the service Relationship to Did service provider Service Enter direct Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none compensation, for which the service provider excluding organization, or compensation? (sources formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 NONE Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) ALLEN JACKSON, M.D. PO BOX 188 **MEDINA. WA 98039** (b) (d) (h) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service receive indirect include eligible indirect Code(s) employer, employee compensation paid compensation received by provider give you a organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of plan received the required person known to be eligible indirect an amount or enter -0-. other than plan or plan a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 223000 Yes No X Yes No Yes No

Schedule C	Form 5500	2018
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Page	3	-	3

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
	-		(a) Enter name and EIN or	address (see instructions)		•
ATLANTA	NEUROPSYCHOLOG	SY, LLC				
46-123278	32					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	222000	Yes No X	Yes No		Yes No
		•	a) Enter name and EIN or	address (see instructions)		
81-060872	DELIS, CLINICAL PSY	CH., INC				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	217500	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
PSYCHIAT	TRIC ASSOC. OF ATL	ANTA, LLC				
01-068399	90					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	206000	Yes No X	Yes No		Yes No

Schedule C (Form 5500) 20	500) 2018
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Page	3	-	4
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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
ERIC J. BF	RAHIN, M.D., PLLC					
46-443514	1					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	203500	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
BARRY J. 58-131858	MCCASLAND, M.D., I	P.C.				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	196000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
F. HARLAN	N SELESNICK, M.D.			W 104TH STREET FL 33156		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	191500	Yes No X	Yes No		Yes No

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Page	3	-	5

answere	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation	
_		((a) Enter name and EIN o	r address (see instructions)			
RODNEY	D. VANDERPLOEG, F	PH.D.	SUITE	RIMROSE LAKE CIRCLE G A, FL 33647			
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Relationship to employer, employee organization, or person known to be Enter direct compensation paid receive indirect compensation? (sources other than plan or plan	Relationship to employer, employee organization, or person known to be Center direct compensation paid by the plan. If none, enter -0 Did service provider receive indirect compensation include eligible indirect compensation? (sources other than plan or plan plan received the required		Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	185000	Yes No X	Yes No		Yes No	
			a) Enter name and FIN or	address (see instructions)			
TAMPA N 59-29197	IEUROLOGY ASSOCIA	ATES					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
49 50	NONE	184500	Yes No 🛚	Yes No		Yes No	
		(a) Enter name and EIN or	address (see instructions)			
ROBERT	A. BORNSTEIN, PH.D			CKER DRIVE HINGTON, OH 43085			
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
49 50	NONE	184000	Yes No X	Yes No		Yes No	

Schedule C (Form 5500) 20	500) 2018
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Page	3	-	6

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation sch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
FLORIDA	SPORTS INJURY					
45-280683	4					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	181438	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	, , , , , , , , , , , , , , , , , , , ,		
SILVANA F	RIGGIO, M.D.		SUITE			
			NEW Y	ORK, NY 10128		
/h)	(5)	(4)	(a)	(5)	(~)	(h)
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	172500	Yes No X	Yes No		Yes No
			a) Enter name and FIN or	address (see instructions)		
JOSEPH C	CHAD HOYLE, M.D.			RYSON COVE CIRCLE		
	- ,			N, OH 43016		
(b) Service Code(s)	person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	171000	Yes No X	Yes No		Yes No

Page	3	-	7

answered	d "Yes" to line 1a abov	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
SUTAPA	MCNASBY, PH.D.			ARLTON CROSSING DRIVE AM, NC 27713		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
49 50	NONE	170000	Yes No 🗵	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
(b)	APPLE JR., M.D.	(d)	(e)	EACHTREE ROAD NW TA, GA 30309 (f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	166224	Yes No 🛚	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
MENORAL 80-060977	H MEDICAL GROUP,	LLC				
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	161979	Yes No X	Yes No		Yes No

Page 3	3 -	8

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	r address (see instructions)		
PAUL S. S	AENZ, D.O., P.A.					
74-261345	8					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	155116	Yes No 🛚	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
RAYMONE	D FABER, M.D.		SUITE	HUEBNER ROAD 106-273 NTONIO, TX 78230		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	144000	Yes No 🛚	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)	ı	
WILLIAM C	GARMOE, PH.D.		14300 (SUITE	GALLANT FOX LANE		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	142000	Yes No X	Yes No		Yes No

Schedule C (Form 5500	2018
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				r Indirect Compensation		
				ich person receiving, directly or ne plan or their position with the		
(i.e., mon	ey or anything else of				pian during the pian year. (Se	ee instructions).
			(a) Enter name and EIN or	r address (see instructions)		
PEACHTR	EE ORTHOPEDIC CL	INIC				
58-108074	40					
(b)	(c)	(d)	(e)	(f)	_ (g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
0000(0)	organization, or	by the plan. If none,	compensation? (sources	compensation, for which the	service provider excluding	formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required disclosures?	eligible indirect	an amount or
	a party-in-interest		sponsor)	uisclosures?	compensation for which you answered "Yes" to element	estimated amount
					(f). If none, enter -0	
19 50	NONE	138349				
10 00	NONE	100543	Yes No X	Yes No		Yes No
			o) ====================================	address (see instructions)		
		<u>'</u>	a) Enter hame and Envior	address (see instructions)		
NEAL DEL	JTCH, PH.D. & ASSO	CIATES				
48-112226	80					
10 112220						
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or	compensation paid by the plan. If none,	receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you a formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount?
					(f). If none, enter -0	
19 50	NONE	129000				
10 00	NONE	123000	Yes No X	Yes No		Yes No
				1.00 [] 110 []		
		(a) Enter name and EIN or	address (see instructions)		
ALL FLOR	IDA ORTHOPAEDIC	ASSOCIATES				
59-268199	00					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee	compensation paid	receive indirect	include eligible indirect	compensation received by	provider give you a
	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you	
					answered "Yes" to element (f). If none, enter -0	
					(i). Il fiorie, efiter -u	
9 50	NONE	120715	Yes ☐ No 🛚	Yes ☐ No ☐		 _{V-2}
	1	l	∣ Yes∣∣NO X	Yes No I	i	Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
CAROLINA	A HEADACHE INSTIT	UTE				
27-082333	2					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	117500	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
76-036358	ORTHOPEDIC GRO	UP, LLP				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	116007	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
MOIRA AR 26-055227	TIGUES, M.D.					
(b) Service Code(s)	person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
19 50	NONE	113000	Yes No X	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
NICOLE W	VERNER, PH.D., LLC					
81-431931	9					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	112000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
CALFIDUC	CIARY SERVICES, INC	`	a) Linei hame and Lin or	address (see instructions)		
47-547704	14					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	110759	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
DABDOUE 05-058531	B LAW FIRM					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	110000	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
(I.e., IIIOIII	ey or arrything else or	,		r address (see instructions)	plan duning the plan year. (Si	ee instructions).
HERTZ CO	ORPORATION		\ - \	,		
13-193856	8					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	105056	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
AON 22-223226	(c)	(d)	(e)	(f)	_ (g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	102651	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
VIRGIL ME	EDLOCK III, M.D.			VINGSTON AVE S, TX 75205		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	100000	Yes No X	Yes No		Yes No

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-			(a) Enter name and EIN o	r address (see instructions)		
ROBERT	L. HEILBRONNER, PH	H.D.	SUITE	MICHIGAN AVENUE 1801 GO, IL 60601		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you of formula instead of an amount or estimated amount
49 50	NONE	96000	Yes No 🛚	Yes No		Yes No
	•		a) Enter name and EIN or	address (see instructions)		
KATHERIN	NE BRIGGS BROWNL	OWE, M.D.	2929 N UPPER	ORTH STAR ROAD RARLINGTON, OH 43221		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
49 50	NONE	93500	Yes No 🗵	Yes No		Yes No
	1	(a) Enter name and EIN or	address (see instructions)	ı	
GREGOR' 20-401569	Y MACK, M.D., INC.	<u> </u>	·	· · · · · ·		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	82748	Yes No X	Yes No		Yes No

	_		
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answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	r address (see instructions)		
SAN DIEG	O SPORTS MEDICIN	E & ORTHO.				
33-083430	09					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	82547	Yes No X	Yes No		Yes No
	1	(a) Enter name and EIN or	address (see instructions)		
JONATHA	N SCHLEIMER, M.D.	·	9850 G #750	ENESEE AVENUE LA, CA 92037		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	81500	Yes ☐ No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
MARK JOI	RDAN TULLMAN, M.D).		ONTENAC ESTATES DRIVE TENAC, MO 63131		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	81000	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
PERRY OF	RTHO & SPORTS ME	DICINE, P.A.				
56-225832	2					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	79121	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
20-057963	J. O'CONNOR, M.D., 1	FAAN				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	79000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
UNIVERSIT	TY PHYSICIANS, INC).				
(b) Service Code(s)	person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
19 50	NONE	79000	Yes No X	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
ALVIN DE	TTERLINE, M.D.			FOXLAND ROAD NIX, MD 21131		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	77000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
BRENDAN	I JAMES KELLEY, M.I	D.		ND POINT COURT ELL, TX 75019		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	75000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
DOYLE PA	ATTON, PH.D.					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	75000	Yes No X	Yes No		Yes No

Page	3	-	17

-			(a) Enter name and EIN or	r address (see instructions)		
DAVID CL	ARK, M.D.	<u>'</u>	(a) Litter Hame and Litt of	address (see mandenons)		
83-186307	71					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	73000	Yes No 🛚	Yes No		Yes No
	1	(a) Enter name and EIN or	address (see instructions)		
36-381540 (b) Service Code(s)	(c) Relationship to employer, employee	(d) Enter direct compensation paid	(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service provider give you a
	organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
49 50	NONE	72611	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ORRIN SI	HERMAN, M.D.		14C	ST 72ND STREET ORK, NY 10021		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

	-,,			e plan el allen peelaen mar alle	plan during the plan year. (Se	oo monaonone).
			a) Enter name and EIN or	address (see instructions)		
STEPHEN	MACCIOCCHI, PH.D		P.O. BO MARBL	OX 189 .E HILL, GA 30148		
	1	T			Ι	
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	67000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
STEVEN V	W. MEIER, M.D., INC.	,	•	· · · · · · · · · · · · · · · · · · ·		
26-205371	7					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount
49 50	NONE	66000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		<u> </u>
ORTHOPE	EDIC CENTERS OF C		•			
47-502119	01					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amount

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
MICHAEL	LARDON, M.D.			ONVOY STREET #318 EGO, CA 92111		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	59500	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51	NONE	59146	Yes X No	Yes 🛛 No 🗌	0	Yes No
			a) Enter name and EIN or	address (see instructions)		
UT SOUTH	HWESTERN MEDICAI		5323 H.	ARRY HINES BLVD S, TX 75390		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	57000	Yes No X	Yes No		Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you

Schedule C (Form 5500) 2018

		((a) Enter name and EIN or	r address (see instructions)		
JOHN HE	FFERON, M.D.		APT 50	. SANDBURG TERRACE 8 GO, IL 60610		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	54000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
TERRY L	AMAR THOMPSON, M	I.D.		EORGIA AVENUE NW NGTON, DC 20060		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	54000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
TEMPO H 82-106123	OLDING COMPANY, I	LLC				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
15 60 50	NONE	53336	Yes No X	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
RR DONN	ELLEY RECEIVABLES	S, INC.				
52-212512	27					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
36 50	NONE	48022	Yes No X	Yes No		Yes No
		-	a) Enter name and FIN or	address (see instructions)		
JOHN C. F	RAISS, M.D.		1821 W SUITE	/ILSHIRE BLVD		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	47500	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
OSU SPO	RTS MEDICINE CENT		P.O. B0	OX 638349 INATI, OH 45263		
31-132286	37					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
19 50	NONE	46580	Yes No X	Yes No		Yes No

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				ich person receiving, directly or ne plan or their position with the		
-			(a) Enter name and EIN o	r address (see instructions)		
BRETT PI	LYLER, M.D.					
46-561030	04					
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	45500	Yes No X	Yes No		Yes No
	·		a) Enter name and EIN or	address (see instructions)		
65-088236	AEDIC CARE SPECIA	1313				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	44660	Yes ☐ No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
SHEBA K	HALID, M.D., LLC		SUITE	GRANADA LANE #102 AND PARK, KS 66211		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	42000			(i). Il fiorio, critor o .	

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
_			(a) Enter name and EIN o	r address (see instructions)		
PROFESS	SIONAL FIDUCIARY S	ERVICES LLC				
45-393100)2					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	41640	Yes No 🛚	Yes No		Yes No
	1		a) Enter name and EIN or	address (see instructions)	,	
CHARLES	A. BUSH-JOSEPH, N	•	419 N.	LINCOLN ALE, IL 60521		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	39346	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JOHN RAE 45-252904	BUN, M.D., LLC					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount.
49 50	NONE	36000	Yes No X	Yes No		Yes No

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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
OSU PSYC	CHIATRY, LLC					
20-043723	5					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	34000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
CHARLEN	E BANG, PSYD		#2B	8TH STREET ON HEIGHTS, NY 11372		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	33000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
DAVID J. E	BELFIE, M.D.			17TH AVENUE NW ELINE, WA 98177		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	30000	Yes No X	Yes No		Yes No

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) LOWRY PSYCHIATRY, P.C. 7777 EAST 1ST PLACE #106C DENVER, CO 80230 (b) (c) (d) (e) (f) (g) (h) Relationship to Did indirect compensation Did service provider Enter total indirect Service Enter direct Did the service include eligible indirect provider give you a Code(s) employer, employee compensation paid receive indirect compensation received by service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of person known to be plan received the required enter -0-. other than plan or plan eligible indirect an amount or disclosures? compensation for which you a party-in-interest sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 29500 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) BAPTIST HEALTH MEDICAL GROUP 26-0886056 (b) (d) (f) (c) (e) (g) (h) Did indirect compensation Enter total indirect Did the service Relationship to Did service provider Service Enter direct Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none compensation? (sources compensation, for which the service provider excluding organization, or formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you sponsor) estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) TIMOTHY N. TAFT, M.D. 115 MORGAN BEND COURT CHAPEL HILL, NC 27517 (b) (d) (h) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service receive indirect include eligible indirect compensation received by Code(s) employer, employee compensation paid provider give you a organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of plan received the required person known to be eligible indirect an amount or enter -0-. other than plan or plan a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 27000 Yes No X Yes No Yes No

49 50

NONE

23000

Yes No X

Yes No

Page	3	-	26

(f). If none, enter -0-.

Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) MEDSTAR-GEORGETOWN MED CTR, INC. 52-2228444 (b) (d) (e) (f) (g) (h) (c) Did indirect compensation Enter total indirect Service Relationship to Enter direct Did service provider Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a service provider excluding organization, or by the plan. If none compensation? (sources compensation, for which the formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you a party-in-interest sponsor) disclosures? estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 27000 Yes No Yes No Yes No X (a) Enter name and EIN or address (see instructions) EDWARD A. RANKIN, M.D. 7731 ROCTON COURT CHEVY CHASE, MD 20815 (b) (d) (f) (c) (e) (g) (h) Relationship to Did indirect compensation Enter total indirect Did the service Service Enter direct Did service provider Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a by the plan. If none compensation, for which the service provider excluding organization, or compensation? (sources formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you disclosures? estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 NONE Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) FRANCISCO I. PEREZ, PH.D. & ASSOC. 74-2178016 (b) (d) (h) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service receive indirect include eligible indirect Code(s) employer, employee compensation paid compensation received by provider give you a organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of plan received the required person known to be eligible indirect enter -0-. other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
SPORTS N	MED. ASSOC. OF SAN	N ANTONIO				
90-012019	2					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	22121	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ABRAMS, 52-185404	FOSTER, NOLE & WI	LLIAMS, PA				
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
10 50	NONE	22100	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
27-127103	RRY CREATIVE, INC					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
38 50 70	NONE	19034	Yes No X	Yes No		Yes No

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
GAYATRI	DEVI, M.D., P.C.			6TH STREET ORK, NY 10021		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	18000	Yes No 🗵	Yes No		Yes No
		(a) Enter name and FIN or	address (see instructions)		
31-134073 (b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead of an amount or estimated amoun
49 50	NONE	17000	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
MID STAT	TE ORTHOPAEDIC & \$		<u> </u>	<u> </u>		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amoun
49 50	NONE	16609	Yes □ No X	Yes □ No □		Yes □ No □

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN o	r address (see instructions)		
ALAN BRE	EEN, PH.D., LLC					
	_					
81-192476	55					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
MARCUS	P. COOK, M.D.					
46-073849	95					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	13686	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
NATIONAL	L REHAB. HOSPITAL,					
52-136974	19					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
19 50	NONE	13000	Yes No 🛚	Yes No		Yes No

Schedule C (Form 5500) 2018

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
	O IMAGING MEDICA	L GROUP				
95-266983	3					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	12767	Yes No X	Yes No		Yes No
			a) Enter name and FIN or	address (see instructions)		
HOWARD 53-019696	UNIVERSITY HOSPIT	ΓAL				
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	10842	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
HOSPITAL 13-340946	S INSURANCE COM	PANY, INC.				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	10538	Yes No 🛚	Yes No		Yes No

Schedule C (Form 5500) 2018

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	r address (see instructions)		
UNIVERSI	TY OF MD ST. JOSEI	PH ORTHO.				
32-039100	6					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	9717	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
94-120657	HAMMERMAN, M.D.					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	9500	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
	OM NEW JERSEY IN					
22-361588	·1	T	<u>-</u>			
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
19 50	NONE	9000	Yes No X	Yes No		Yes No

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
-			(a) Enter name and EIN or	r address (see instructions)		
BRAD RO	VIN, M.D.			ALTHAM ROAD MBUS, OH 43221		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9000	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
RUSSELL	VANDENBELT, M.D.		P.O. BO MERCE	OX 440 ER ISLAND, WA 98040		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8500	Yes ☐ No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
DANIEL HI	ISER, M.D.			ARK STREET EGO, CA 92103		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6000	Yes No X	Yes No		Yes No

Schedule C (Form 5500) 2018

answered	l "Yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
DAVID BR	ADLEY, M.D.		543 TA COLUM	YLOR AVENUE 2ND FLOOR IBUS, OH 43203		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	6000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
45-401786	CE MURPHY, M.D.					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	6000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
NYU RADI 13-556230	IOLOGY ASSOCIATES	S				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	5585	Yes No 🛚	Yes No		Yes No

answered	2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).						
-			(a) Enter name and EIN or	r address (see instructions)			
STEVEN E	PSTEIN, M.D.		SUITE	VISCONSIN AVENUE NW 200 NGTON, DC 20007			
(b) Service Code(s)	ce Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect				(h) Did the service provider give you a formula instead of an amount or estimated amount?		
49 50	NONE	5000	Yes No X	Yes No		Yes No	
		(a) Enter name and EIN or	address (see instructions)			
/h\	(0)	(A)	(0)	/ 6\	(n)	(h)	
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
			Yes No	Yes No		Yes No	
		(a) Enter name and EIN or	address (see instructions)			
		(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
			Yes No	Yes No		Yes No	

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	Schedule C (Form 5500) 2018	Page 4 -	1		
Part I	Service Provider Information (continued)				
or provider	eported on line 2 receipt of indirect compensation, other than eli- des contract administrator, consulting, custodial, investment adv as for (a) each source from whom the service provider received gave you a formula used to determine the indirect compensation tries as needed to report the required information for each sour	risory, investment managem \$1,000 or more in indirect co on instead of an amount or e	nent, bro	oker, or recordkeeping s sation and (b) each sou	services, answer the following rce for whom the service
	(a) Enter service provider name as it appears on lin	ne 2		Service Codes see instructions)	(C) Enter amount of indirect compensation
	(d) Enter name and EIN (address) of source of indirect co	mpensation	(e)	Describe the indirect co	ompensation, including any
				ula used to determine the	he service provider's eligibility e indirect compensation.
	(a) Enter service provider name as it appears on lir	ne 2		Service Codes see instructions)	(c) Enter amount of indirec
	(d) Enter name and EIN (address) of source of indirect co	mpensation		ula used to determine the	ompensation, including any the service provider's eligibility e indirect compensation.
	(a) Enter service provider name as it appears on lir	ne 2	(k	Service Codes see instructions)	(c) Enter amount of indirect compensation
	(d) Enter name and EIN (address) of source of indirect co	mpensation		ula used to determine the	I ompensation, including any he service provider's eligibility e indirect compensation.

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D	art II Service Providers Who Fail or Refuse to	Provide Infor	mation
4			er who failed or refused to provide the information necessary to complete
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide

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Pá	art III	Termination Information on Accountants and Enrolled (complete as many entries as needed)	d Actuaries (see instructions)
а	Name:	(b EIN:
C	Positio	n:	
d	Addres		e Telephone:
Ex	planatior	:	
а	Name:		b EIN:
c	Positio	n·	D LIIV.
d	Addres		e Telephone:
Ex	planatior	:	
а	Name:		b EIN:
С	Positio	n:	
d	Addres		e Telephone:
Ex	planatior	:	
а	Name:		b ein:
C	Positio	n:	10 Lilit.
d	Addres		e Telephone:
Ex	planatior	:	
а	Name:		b ein:
C	Positio	n:	
d	Addres		e Telephone:
Ex	planatior	: :	

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation					Inspection	n
For calendar plan year 2018 or fiscal pla	n year beginning 04/01/2018	and endin	ig 03/31/2	2019		
A Name of plan NFL PLAYER DISABILITY & NEUROCO	OGNITIVE BENEFIT PLAN	В	Three-dig plan num	,	•	501
C Plan sponsor's name as shown on lir DISABILITY BOARD OF THE NFL PLA	ne 2a of Form 5500 YER DISABILITY & NEUROCOGNITIVE BENEFIT	D	. ,	Identificatio	on Number (I	EIN)

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
C General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	40733479	48590049
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	Schedule H (Form 5500) 2018	Pa	ge 2	
1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	40733479	48590049
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables			
i	Acquisition indebtedness			
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	40733479	48590049
Pa	t II Income and Expense Statement			
	Plan income, expenses, and changes in net assets for the year. Include all includes and any payments/receipts to/from insurance carriers. Round off amo complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.			
	Income		(a) Amount	(b) Total

	complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.	_		
	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	182300000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		182300000
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4705	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4705
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

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			(:	a) Am	ount			(h) ·	Total	_
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	- Curit			(~)	- Otal	_
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)								
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)								_
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)								_
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)							376364	
С	Other income	. 2c								
d	Total income. Add all income amounts in column (b) and enter total	. 2d							182681069	
	Expenses									
е	Benefit payment and payments to provide benefits:									
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			15704	10942				
	(2) To insurance carriers for the provision of benefits	2e(2)								
	(3) Other	2e(3)								
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)							157040942	
f	Corrective distributions (see instructions)	2f								
g		. 2g								_
h	I Interest expense	2h								
i	Administrative expenses: (1) Professional fees	2i(1)			262	9580				
	(2) Contract administrator fees	2i(2)								
	(3) Investment advisory and management fees	2i(3)								
	(4) Other	2i(4)			1515	3977	_			
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)							17783557	_
j	Total expenses. Add all expense amounts in column (b) and enter total								174824499	
	Net Income and Reconciliation									
k	Net income (loss). Subtract line 2j from line 2d	2k							7856570	
I	Transfers of assets:									
	(1) To this plan	21(1)								
	(2) From this plan	21(2)								
D	art III Accountant's Opinion									_
	Complete lines 3a through 3c if the opinion of an independent qualified public	accountant	is attached to	o this	Form 5	500. Co	mplete line	3d if a	n opinion is no	t
а	attached. The attached opinion of an independent qualified public accountant for this pla	n is (see ins	structions).							
~		Adverse	•							
h	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10						☐ Yes	,	X No	_
	Enter the name and EIN of the accountant (or accounting firm) below:	3-0 and/01 1	03-12(u)?					,	NO NO	_
	(1) Name: ABRAMS, FOSTER, NOLE & WILLIAMS P.A.		(2) EIN:	52-1	854040)				
d	The opinion of an independent qualified public accountant is not attached bec	cause:	(=) =	. 02 1	001010	,				_
	(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		next Form 55	500 pı	ursuant	to 29 C	FR 2520.10	4-50.		
Pa	art IV Compliance Questions									
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete		e lines 4a, 4e	e, 4f, 4	4g, 4h,	4k, 4m,	4n, or 5.			
	During the plan year:				Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contributions within									
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction			4a		Х				
b	Were any loans by the plan or fixed income obligations due the plan in defau									
	close of the plan year or classified during the year as uncollectible? Disrega secured by participant's account balance. (Attach Schedule G (Form 5500)									
	checked.)			4b		X				

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	Schedule H (Form 5500) 2018 Page 4	- 1					
				Yes	No	Amo	unt
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transaction reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		4d		X		
е	Was this plan covered by a fidelity bond?		4e	Х			1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caus fraud or dishonesty?	-	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked see instructions for format requirements.)		4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		4j	X			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to anoth plan, or brought under the control of the PBGC?		4k		X		
I	Has the plan failed to provide any benefit when due under the plan?		41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CF 2520.101-3.)		4m				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or o the exceptions to providing the notice applied under 29 CFR 2520.101-3		4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Yes	×	No	<u> </u>		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plantransferred. (See instructions.)	n(s), ider	ntify tl	ne plan	(s) to wh	nich assets or liabi	lities were
	5b(1) Name of plan(s)					5b(2) EIN(s)	5b(3) PN(s)
Ec.	filtration is a defined benefit along in the country of the PROOF		46	24.10		DN D.	lat data : :
	f the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERIS f "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for th			21.)? 	∐ Y€		Not determined e instructions.)



NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN

Financial Statements and Independent Auditor's Report

Years Ended March 31, 2019 and 2018

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INDEPENDENT AUDITOR'S REPORT

To The Disability Board of the NFL Player Disability & Neurocognitive Benefit Plan Baltimore, Maryland

We have audited the accompanying financial statements of the NFL Player Disability & Neurocognitive Benefit Plan (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of March 31, 2019 and 2018, the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2.A; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Certified Public Accountants & Business Advisors

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan (modified cash basis) as of March 31, 2019 and 2018, and the changes in its net assets available for benefits (modified cash basis) for the years then ended, in accordance with the modified cash basis of accounting described in Note 2.A.

Basis of Accounting

We draw attention to Note 2.A of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) of investment and administrative expenses, assets held for investment purposes, and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Abrams, Foster, Nole & Williams, P.A.

Alexan, Foster, Nole + William, P.A.

Certified Public Accountants

Baltimore, Maryland

October 11, 2019

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Statements of Net Assets Available for Benefits (Modified Cash Basis) March 31, 2019 and 2018

<u>2019</u> <u>2018</u>

ASSETS

Investments, at fair value \$48,590,049 \$40,733,479

NET ASSETS AVAILABLE FOR BENEFITS

Net Assets Available for Benefits

\$ 48,590,049

\$ 40,733,479

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis) Years Ended March 31, 2019 and 2018

		<u>2019</u>	<u>2018</u>
	ADDITIONS		
Interest income Employer contributions Total additions		\$ 381,069 182,300,000 182,681,069	\$ 162,874 156,700,000 156,862,874
	DEDUCTIONS		
Benefits paid to participants Administrative expenses Total deductions		157,040,942 17,783,557 174,824,499	138,137,317 16,923,797 155,061,114
Net increase Net assets available for benefits:		7,856,570	1,801,760
Beginning of year		40,733,479	38,931,719
End of Year		\$ 48,590,049	\$ 40,733,479

1. DESCRIPTION OF THE PLAN

The following brief description of the NFL Player Disability & Neurocognitive Benefit Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information. Capitalized terms have the meaning provided for in the Plan document.

A. General

The 1993 Collective Bargaining Agreement ("CBA") between the National Football League Players Association ("NFLPA") and the National Football League Management Council ("NFLMC") provided for the establishment of the Plan, which currently provides total and permanent disability benefits, line-of-duty disability benefits, and neurocognitive disability benefits to certain eligible Players.

The Plan, formerly named the "NFL Player Supplemental Disability Plan," initially provided only supplemental total and permanent disability benefits to Players who qualified for those benefits under the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Pension Plan"). The 2011 CBA continued and improved supplemental total and permanent disability benefits under the Plan, created a new benefit for Players suffering from neurocognitive impairments, and provided that the payment for certain additional disability benefits would be transitioned from the Pension Plan to the Plan.

Effective September 1, 2011, the Plan was amended to include the neurocognitive benefit provided for under the 2011 CBA and was renamed the "NFL Player Supplemental Disability & Neurocognitive Benefit Plan." Effective April 1, 2014, the Plan was restated and its current name, the "NFL Player Disability & Neurocognitive Benefit Plan," was adopted. The April 1, 2014 restatement provides that all total and permanent disability benefits relating to initial disability claims filed on and after January 1, 2015 will be paid out of the Plan, and that all line-of-duty disability benefits for periods on and after January 1, 2015 will be paid out of the Plan, other than certain line-of-duty disability benefits that will continue to be paid by the Pension Plan. The Pension Plan will continue to pay certain total and permanent disability benefits based on disability claims filed prior to January 1, 2015.

The Plan is an employee welfare benefit plan within the meaning of Section 3(1) of the Employee Retirement Income Security Act of 1974, as amended. The current key features of the Plan are summarized below.

1. DESCRIPTION OF THE PLAN (Continued)

B. Funding Policy

Contributions are made to the Trust which constitutes a Voluntary Employees' Beneficiary Association (VEBA). A VEBA is a welfare trust under IRC Section 501(c)(9). Pursuant to the 2011 CBA, NFL Member Clubs have agreed to contribute to the Trust, on at least a quarterly basis, amounts sufficient to pay estimated Plan benefits and expenses. The Trust holds the Plan's assets for the exclusive benefit of eligible participants.

C. Eligibility

A Player is eligible to receive benefits under this Plan if he meets the applicable standards of Plan Sections 3.1, 3.2, 4.1, 5.1, or 6.1.

D. Disability Benefits

Three types of disability benefits are provided for under the terms of the Plan: total and permanent disability benefits, line-of-duty disability benefits, and neurocognitive disability benefits. Eligible Players receive a monthly benefit in accordance with the terms of the Plan.

E. Plan Amendment or Termination

The Plan may only be amended or terminated by joint action of the NFLPA and the NFLMC while there is a collective bargaining agreement in effect. If no collective bargaining agreement is in effect, then the Plan may be amended by the Disability Board, and if no collective bargaining agreement has been in effect for more than one year, the Plan may be terminated by the Disability Board. No amendment or termination of the Plan may permit Trust assets to revert to, or be used or enjoyed by, an Employer, the League, or the NFLPA.

2. SIGNIFICANT ACCOUNTING POLICIES

A. <u>Basis of Accounting</u>

The accounting records of the Plan are maintained on the modified cash basis of accounting. Consequently, contributions and interest income are recognized when collected and expenses are recognized when paid. No recognition is given to assets and liabilities, except for amounts which arise from the cash transactions of the Plan. Accordingly, the accompanying financial statements are not intended to present net assets and changes in net assets in conformity with accounting principles generally accepted in the United States of America.

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

B. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

C. Investment Valuation and Income Recognition

Investments are reported at fair value. Note 9 describes the Plan's fair value criteria.

D. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

E. Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

3. INCOME TAX STATUS

On July 1, 1994, the Internal Revenue Service ("IRS") granted tax-exempt status to the Plan's trust under Section 501(c)(9) of the Internal Revenue Code ("IRC"). Accordingly, the trust's net investment income is exempt from income taxes. The Disability Board believes that the Plan's trust continues to be tax-exempt under IRC Section 501(c)(9).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to March 31, 2016.

3. INCOME TAX STATUS (Continued)

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Disability Board is not aware of any course of action or series of events that have occurred that will adversely affect the Plan's tax-exempt status at March 31, 2019.

4. PLAN AMENDMENTS

The Plan was amended and restated during the period under audit. Changes included: (a) extending the deadline for the submission of applications for neurocognitive disability benefits to March 31, 2021; (b) revising claims administration rules and procedures; and (c) revising the standard for mild and moderate neurocognitive disability benefits.

5. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

6. RISKS AND UNCERTAINTIES

The Plan provides for investments in various investment securities that are exposed to certain risks and uncertainties such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, changes in value of investment securities could occur in the near term and these changes could materially affect the amounts reported in the statements of net assets available for benefits.

7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Bank of New York Mellon is the Trustee of the Plan and provides investment custody services to the Plan. Fees paid to The Bank of New York Mellon for these services for the years ended March 31, 2019 and 2018 were \$59,146 and \$54,964, respectively.

As described in Note 2.E, the Plan paid certain other expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

During the Plan years ended March 31, 2019 and 2018, the Plan incurred certain administrative expenses paid by the Bert Bell/Pete Rozelle NFL Player Retirement Plan. For the Plan years ended March 31, 2019 and 2018, the amounts reimbursed were \$5,865,808 and \$5,829,097, respectively.

8. INVESTMENTS

The Trustee and custodian of the Plan's securities is The Bank of New York Mellon.

The investments that represent more than 5% of the Plan's net assets as of March 31, 2019 and 2018, respectively are as follows:

	<u>2019</u>	<u>2018</u>
Interest bearing cash	\$ 48,590,049	\$ 40,733,479

9. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Codification ASC 820-10-50-2, *Fair Value Measurements* (formerly FASB Statement No. 157), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10-50-2 are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets:
 - Inputs other than quoted prices that are observable for the assets or liabilities; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

9. FAIR VALUE MEASUREMENTS (Continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of March 31, 2019.

Treasury Prime Cash: Value at the closing price reported on the active market on which the securities are traded.

The method described above may produce a fair value calculation that may not be indicative of net realized value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2019 and 2018:

Assets at Fair Value as of March 31, 2019:

		Level 1		L	evel 2	L	evel 3	Tot	al Fair Value
Interest bearing cash	\$	48,590,049		\$		\$		\$	48,590,049
	Ass	sets at Fair V	alu	e as	s of March	31, 20)18 <u>:</u>		

	Level 1]	Level 2	L	evel 3	Tot	tal Fair Value
Interest bearing cash	\$ 40,733,479	\$	-	\$	-	\$	40,733,479

9. FAIR VALUE MEASUREMENTS (Continued)

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

There were no transfers of assets between Level 1, 2, or 3 classifications for the years ended March 31, 2019 and 2018.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There were no reconciling differences; the net assets available for benefits per financial statement agree to net assets available for benefits per the Form 5500. Benefits paid to participants per the financial statement also agree to benefits paid to participants per the Form 5500.

11. SUBSEQUENT EVENTS

Financial Accounting Standards Board Codification ASC 855-10-50, *Subsequent Events*, requires entities to evaluate events and transactions that occur after the statement of financial position date but before the date the financial statements are available to be issued. ASC 855-10-50 requires entities to recognize in the financial statements the effect of all events or transactions that provide additional evidence of conditions that existed at the statement of financial position date, including the estimates inherent in the financial statement preparation process.

Subsequent events that provide evidence about conditions that arose after the statement of financial position date should be disclosed if the financial statements would otherwise be misleading. The Plan has evaluated subsequent events through the date the financial statements were available to be issued on October 11, 2019 and determined there were no material transactions which need to be disclosed.

SCHEDULES OF ADMINISTRATIVE EXPENSES

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Schedules of Administrative Expenses (Modified Cash Basis) Years Ended March 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Administrative Fees		
Aon	\$ 102,651	\$ 129,487
Alight Solutions, LLC	53,336	18,975
Abrams, Foster, Nole & Williams, P.A.	22,100	21,100
Attorney Fees		
Groom Law Group	2,451,493	2,714,148
Other legal	110,000	-
Custodian Fees		
The Bank of New York Mellon	59,146	54,964
Other		
Player medical and travel expenses	8,219,386	7,267,020
Plan office operating expense	5,865,808	5,829,097
Medical consulting	669,500	655,000
Conservatorship related expenses	152,399	132,110
Printing expenses	48,022	59,090
Miscellaneous expenses	29,716	42,806
Total Administrative Expenses	\$ 17,783,557	\$16,923,797

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, SCHEDULE H, line 4i

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Schedule of Assets Held for Investment Purposes Schedule H, line 4i Year Ended March 31, 2019

	Number of		
	Shares	Cost	 Fair Value
Dreyfus Treasury Prime Cash	48,590,049	\$ 1.00	\$ 48,590,049

SCHEDULE OF REPORTABLE TRANSACTIONS SCHEDULE H, line 4j



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Report ID: T6400

Status: REVISED

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2018 - 3/31/2019

	Security ID	Security Description	Tran Code	Shares	Transaction	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets	Gain/Loss
	•		Code	Snares	Expense	Acquisitions	Dispositions	Disposed	Gain/LOSS
5% VALUE :	2,036,6	73.94							
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	39,700,000.000	0.00	39,700,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	39,700,000.000	0.00	0.00	39,700,000.00	39,700,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	48,700,000.000	0.00	48,700,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	48,700,000.000	0.00	0.00	48,700,000.00	48,700,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	49,100,000.000	0.00	49,100,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	49,100,000.000	0.00	0.00	49,100,000.00	49,100,000.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,009,634.840	0.00	0.00	11,009,634.84	11,009,634.84	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,098,138.740	0.00	0.00	11,098,138.74	11,098,138.74	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,237,870.670	0.00	0.00	11,237,870.67	11,237,870.67	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	В	39,700,000.000	0.00	39,700,000.00	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,359,206.380	0.00	0.00	11,359,206.38	11,359,206.38	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,459,689.960	0.00	0.00	11,459,689.96	11,459,689.96	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,808,825.920	0.00	0.00	11,808,825.92	11,808,825.92	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	В	48,697,156.260	0.00	48,697,156.26	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	12,025,693.410	0.00	0.00	12,025,693.41	12,025,693.41	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,806,882.430	0.00	0.00	11,806,882.43	11,806,882.43	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	12,108,762.700	0.00	0.00	12,108,762.70	12,108,762.70	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	4,866,962.820	0.00	0.00	4,866,962.82	4,866,962.82	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	49,100,000.000	0.00	49,100,000.00	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	12,494,824.550	0.00	0.00	12,494,824.55	12,494,824.55	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	12,864,170.940	0.00	0.00	12,864,170.94	12,864,170.94	0.00



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Report ID: T6400

Status: REVISED

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2018 - 3/31/2019

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE:	VALUE: 2,036,673.94								
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	12,817,046.080	0.00	0.00	12,817,046.08	12,817,046.08	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	44,724,897.640	0.00	44,724,897.64	0.00	0.00	0.00



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Report ID: T6500

Status: REVISED

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2018 - 3/31/2019

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	2,036,6	673.94					
22	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	137,538,121.840	137,538,121.84	0.00	0.00	0.00
24	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	137,538,121.840	0.00	137,538,121.84	137,538,121.84	0.00
24	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	182,811,865.740	182,811,865.74	0.00	0.00	0.00
181	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	174,962,294.800	0.00	174,962,294.80	174,962,294.80	0.00

Case 1:23-cv-00358-JRR



Abrams, Foster, Nole & Williams, P.A. 2 Hamill Road, Suite 241 West Quadrangle Baltimore, MD 21210

O: 410.433.6830 • **F**: 410.433.6871



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Report ID: T6400

Status: REVISED

NFL PLAYER DISABILITY &

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2018 - 3/31/2019

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	2,036,6	73.94							
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	39,700,000.000	0.00	39,700,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	39,700,000.000	0.00	0.00	39,700,000.00	39,700,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	48,700,000.000	0.00	48,700,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	48,700,000.000	0.00	0.00	48,700,000.00	48,700,000.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	В	49,100,000.000	0.00	49,100,000.00	0.00	0.00	0.00
	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	S	49,100,000.000	0.00	0.00	49,100,000.00	49,100,000.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,009,634.840	0.00	0.00	11,009,634.84	11,009,634.84	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,098,138.740	0.00	0.00	11,098,138.74	11,098,138.74	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,237,870.670	0.00	0.00	11,237,870.67	11,237,870.67	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	В	39,700,000.000	0.00	39,700,000.00	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,359,206.380	0.00	0.00	11,359,206.38	11,359,206.38	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,459,689.960	0.00	0.00	11,459,689.96	11,459,689.96	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,808,825.920	0.00	0.00	11,808,825.92	11,808,825.92	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	В	48,697,156.260	0.00	48,697,156.26	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	12,025,693.410	0.00	0.00	12,025,693.41	12,025,693.41	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	11,806,882.430	0.00	0.00	11,806,882.43	11,806,882.43	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 0.000% 12/31/2035 DD 04/09/97	S	12,108,762.700	0.00	0.00	12,108,762.70	12,108,762.70	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	4,866,962.820	0.00	0.00	4,866,962.82	4,866,962.82	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	49,100,000.000	0.00	49,100,000.00	0.00	0.00	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	12,494,824.550	0.00	0.00	12,494,824.55	12,494,824.55	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	12,864,170.940	0.00	0.00	12,864,170.94	12,864,170.94	0.00



Case 1:23-cv-Singles Transactions in Expass of Five Pregent of Plan Assets e 288 of 423

Report ID: T6400

Status: REVISED

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2018 - 3/31/2019

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE:	2,036,6	73.94							
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	S	12,817,046.080	0.00	0.00	12,817,046.08	12,817,046.08	0.00
	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	В	44,724,897.640	0.00	44,724,897.64	0.00	0.00	0.00



Case 1:23-cv-Geries of Fine Fixes of Fine Persent of Plantaget 289 of 423

Report ID: T6500

Status: REVISED

NFL PLAYER DIS & NEU - NFVF78910002

4/1/2018 - 3/31/2019

NFL PLAYER DISABILITY &

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	2,036,6	673.94					
22	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	137,538,121.840	137,538,121.84	0.00	0.00	0.00
24	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	137,538,121.840	0.00	137,538,121.84	137,538,121.84	0.00
24	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	182,811,865.740	182,811,865.74	0.00	0.00	0.00
181	999592116	DREYFUS TREASURY SECURITIES CM 2.087% 12/31/2035 DD 04/09/97	174,962,294.800	0.00	174,962,294.80	174,962,294.80	0.00

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Schedule of Assets Held for Investment Purposes Schedule H, line 4i Year Ended March 31, 2019

	Number of		
	Shares	Cost	Fair Value
Dreyfus Treasury Prime Cash	48,590,049	\$ 1.00	\$ 48,590,049

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public

				Inspection	
Part I Annual Report Ider	ntification Information				
For calendar plan year 2017 or fiscal p	plan year beginning 04/01/2017	and ending 03/31/20	18		
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking the participating employer information in accord			ns.)
Г	a single-employer plan	a DFE (specify)			
B This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return/report (less than 12	2 months)		
C If the plan is a collectively-bargaine	ed plan, check here			▶ 🗙	
D Check box if filing under:	Form 5558	automatic extension	the	e DFVC program	
	special extension (enter description)				
Part II Basic Plan Informa	tion—enter all requested information				
1a Name of plan NFL PLAYER DISABILITY & NEURO			1b	Three-digit plan number (PN) ▶	501
			1c Effective date of plan 07/01/1993		
2a Plan sponsor's name (employer, i Mailing address (include room, ap City or town, state or province, co	2b Employer Identification Number (EIN) 52-1852594				
DISABILITY BOARD OF THE NFL PL	2c Plan Sponsor's telephone number 410-685-5069				
200 ST. PAUL STREET SUITE 2420 BALTIMORE, MD 21202			2d	Business code (see instructions) 711210)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	12/03/2018 Date	DENNIS CURRAN Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	12/04/2018 Date	SAM MCCULLUM Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017) v. 170203 Case 1:23-cv-00358-JRR Document 69-6 Filed 06/27/23 Page 292 of 423

Page 2 Form 5500 (2017) **3a** Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, 4b EIN enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **4d** PN Sponsor's name Plan Name 5 Total number of participants at the beginning of the plan year 5 10745 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). 2235 a(1) Total number of active participants at the beginning of the plan year 6a(1) 2264 a(2) Total number of active participants at the end of the plan year 6a(2)1850 Retired or separated participants receiving benefits 6b 6411 Other retired or separated participants entitled to future benefits...... 6c 10525 6d Subtotal. Add lines 6a(2), 6b, and 6c. Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... 6e Total. Add lines 6d and 6e. 6f Number of participants with account balances as of the end of the plan year (only defined contribution plans 6g complete this item)..... Number of participants who terminated employment during the plan year with accrued benefits that were 6h less than 100% vested Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)...... 32 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4H 4U Plan funding arrangement (check all that apply) 9h Plan benefit arrangement (check all that apply) (1) Insurance (1) Insurance (2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts (3) Trust (3) Trust (4) General assets of the sponsor (4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules **b** General Schedules R (Retirement Plan Information) H (Financial Information) (1) (1) (2) I (Financial Information – Small Plan) MB (Multiemployer Defined Benefit Plan and Certain Money (2) (3) A (Insurance Information) Purchase Plan Actuarial Information) - signed by the plan actuary (4) **C** (Service Provider Information) **D** (DFE/Participating Plan Information) (5) (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (6) G (Financial Transaction Schedules)

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Form 5500 (2017) Page **3**

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)					
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)					
If "Yes" is checked, complete lines 11b and 11c.					
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)					
11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)					
Receipt Confirmation Code					

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service **Service Provider Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

2017

	redirent moone decarty ret or 107-	- (L.	.10/1/		
Department of Labor Employee Benefits Security Administration Page 18 Page 14 Cycle P			Form 5500. This Form is Open to Publi		
Pension Benefit Guaranty Corporation For calendar plan year 2017 or fiscal plan	a year haginning 04/04/2047		and ending 03/3	4/0040	
<u> </u>	n year beginning 04/01/2017	_		1/2018	_
A Name of plan	CONTINE DENEET DI ANI	В	Three-digit		501
NFL PLAYER DISABILITY & NEUROC	OGNITIVE BENEFIT PLAN		plan number (PN)	<u> </u>	301
		_			
C Plan sponsor's name as shown on lin		D	Employer Identification	on Number	(EIN)
DISABILITY BOARD OF THE NEL PLA	AYER DISABILITY & NEUROCOGNITIVE BENEFIT		52-1852594		
Part I Service Provider Info	ormation (see instructions)				
Vou must complete this Dark in account	donos with the instructions to recent the information of		d for each manager at		directly or indirectly OF 000
	dance with the instructions, to report the information re oney or anything else of monetary value) in connectior				
	received only eligible indirect compensation for which				
	nclude that person when completing the remainder of t				, ,
1 Information on Persons Rec	eiving Only Eligible Indirect Compensat	ion			
	er you are excluding a person from the remainder of the		art because they recei	ved only elic	gible
	an received the required disclosures (see instructions				
	,			,	
b If you answered line 1a "Yes." enter t	the name and EIN or address of each person providing	a the	required disclosures f	or the servi	ce providers who
	sation. Complete as many entries as needed (see ins				•
(b) Enter nam	ne and EIN or address of person who provided you dis	closu	res on eligible indirec	t compensa	tion
(b) Enter nam	ne and EIN or address of person who provided you dis	closu	ires on eligible indirec	t compensa	tion
(b) Enter nam	ne and EIN or address of person who provided you dis	sclosi	res on eligible indirec	t compensa	tion
(S) Elici han	To data Ent of address of person who provided you dis	,5,030		· componida	4011
(b) Enter nam	ne and EIN or address of person who provided you dis	sclosi	res on eligible indirec	t compensa	tion
(S) Litter Hair	to and Ent of dudrood of poroon who provided you did	,5,030		. componsa	

Case 1:23-cv-00358-JRR Document 69-6 Filed 06/27/23 Page 295 of 423

Schedule C (For	n 5500) 2017	Page 2- 1	
(t) Enter name and EIN or address of person who provided you	disclosures on eligible indirect compensation	n
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect compensation	n
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect compensation	n
(k) Enter name and EIN or address of person who provided you	disclosures on eligible indirect compensation	1
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect compensation	n
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect compensation	า
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect compensation	n
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect compensation	1

	Case 1:23 Schedule C (Form 550	3-cv-00358-JR	R Document 69	9-6 Filed 06/27/23 Page 3 - 1	Page 296 of 423	
answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
BERT BEL	L/PETE ROZELLE N	FL PLAYER				
13-604363	66					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5829097	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
52-121902	AW GROUP					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	2714148	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JANYNA N	MERCADO, PHD			CAMINO RIDGE NTONIO, TX 78258		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

Yes No No

Yes No

49 50

NONE

292500

Yes No X

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee			include eligible indirect		provider give you a
	organization, or person known to be		compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of
	a party-in-interest	enter -o	sponsor)	disclosures?	compensation for which you	an amount or estimated amount?
	a party in intoroot		оролоог)	dicolocates.	answered "Yes" to element	ootimatou umount.
					(f). If none, enter -0	
49 50	NONE	229500				
			Yes No X	Yes No		Yes No

Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of plan received the required enter -0-. eligible indirect person known to be other than plan or plan an amount or a party-in-interest sponsor) disclosures? compensation for which you estimated amount? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 195016 Yes No X Yes No Yes No

	Case 1:23	3-cv-00358-JR	R Document 69	9-6 Filed 06/27/23	Page 299 of 423	
	Schedule C (Form 550	00) 2017		Page 3 - 4		
answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
RAYMONI	D FABER, MD		SUITE	HUEBNER ROAD 106-273 NTONIO, TX 78230		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	180500	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
46-123278	1					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	178000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ALL FLOR 59-268199	IDA ORTHOPAEDICS	SASSOCIATES				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

Yes No No

Yes No

49 50

NONE

176016

Yes No X

Service

Code(s)

49 50

Relationship to

employer, employee

organization, or

person known to be

a party-in-interest

NONE

Enter direct

compensation paid

by the plan. If none

enter -0-

151500

Did service provider

receive indirect

compensation? (sources

other than plan or plan

sponsor)

Yes No X

Did indirect compensation

include eligible indirect

compensation, for which the

plan received the required

disclosures?

Yes No

Enter total indirect

compensation received by

service provider excluding

eligible indirect

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

Did the service

provider give you a

formula instead of

an amount or

estimated amount?

organization, or

person known to be

a party-in-interest

NONE

49 50

by the plan. If none

enter -0-

140740

compensation? (sources

other than plan or plan

sponsor)

Yes No X

compensation, for which the

plan received the required

disclosures?

Yes No

service provider excluding

eligible indirect

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

formula instead of

an amount or

estimated amount?

plan received the required

disclosures?

Yes No

person known to be

a party-in-interest

NONE

49 50

enter -0-

134500

other than plan or plan

sponsor)

Yes No X

eligible indirect

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

an amount or

estimated amount?

plan received the required

disclosures?

Yes No

person known to be

a party-in-interest

NONE

49 50

enter -0-

128500

other than plan or plan

sponsor)

Yes No X

eligible indirect

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

an amount or

estimated amount?

organization, or

person known to be

a party-in-interest

NONE

49 50

by the plan. If none

enter -0-

124982

compensation? (sources

other than plan or plan

sponsor)

Yes No X

compensation, for which the

plan received the required

disclosures?

Yes No

service provider excluding

eligible indirect

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

formula instead of

an amount or

estimated amount?

answered	"Yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
D.C. DELIS	S CLINICAL PSYCHO	LOGIST	<u>· · · </u>			
81-060872	9					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	123500	Yes No X	Yes No		Yes No
	<u> </u>	(a) Enter name and EIN or	address (see instructions)		
HARLAN S	SELESNICK, MD	·	7501 S\	W 104TH STREET		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	122500	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
20-138821	SSLER, MD					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
9 50	NONE	122412	Yes ☐ No 🛚	Yes ☐ No ☐		Yes No N

organization, or

person known to be

a party-in-interest

NONE

49 50

by the plan. If none

enter -0-

92500

compensation? (sources

other than plan or plan

sponsor)

Yes No X

compensation, for which the

plan received the required

disclosures?

Yes No

service provider excluding

eligible indirect

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

formula instead of

an amount or

estimated amount?

		3-cv-00358-JR	R Document 69		Page 307 of 423	
	Schedule C (Form 550	00) 2017		Page 3 - 12		
answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	address (see instructions)		_
CALFIDUC	CIARY SERVICES, INC	C.				
47-547704	14					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	87125	Yes No 🗵	Yes No		Yes No
	•	(a) Enter name and EIN or	address (see instructions)		
CHICAGO	NEUROPSYCHOLOG	GY GROUP	SUITE ²	MICHIGAN AVENUE 1801 GO, IL 60601		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	86000	Yes No 🗵	Yes No		Yes No
	1	(a) Enter name and EIN or	address (see instructions)	ı	
ALVIN DE	TTERLINE, MD		13905 F	FOXLAND ROAD IIX, MD 21131		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you	(h) Did the service provider give you a formula instead of an amount or estimated amount?

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or		receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you a formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
49 50	NONE	85000				
			Yes No X	Yes No		Yes No

	•					
answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
-			(a) Enter name and EIN or	address (see instructions)	<u> </u>	
SAN DIEG 33-083430	SO SPORTS MEDICIN	E & ORTHO				
33-063430						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	84077	Yes No X	Yes No		Yes No
	•	(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead or an amount or estimated amount
			Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
PERRY OI 56-225832	RTHO & SPORTS ME	DICINE, PA				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
19 50	NONE	73362	Yes No X	Yes No		Yes No

plan received the required

disclosures?

Yes No

eligible indirect

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

an amount or

estimated amount?

Yes No

enter -0-.

70935

other than plan or plan

sponsor)

Yes No X

person known to be

a party-in-interest

NONE

49 50

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
KATHERIN	NE BROWNLOWE, MI			ORTH STAR ROAD ARLINGTON, OH 43221		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	67000	Yes No X	Yes No		Yes No
		·	a) Enter name and EIN or	address (see instructions)		
BRENDAN	I KELLEY, MD			ND POINT COURT ELL, TX 75019		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	66000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JOHN HEF	FFERON, MD		APT 50	. SANDBURG TERRACE 8 GO, IL 60610		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	66000	Yes No X	Yes No		Yes No

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-			(a) Enter name and EIN or	address (see instructions)		
GREGOR	Y MACK, MD					
20-401569	90					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	60945	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
52-212512	ELLEY RECEIVABLE					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
36 50	NONE	59090	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
	VEIL ORTHOPEDICS,	PC				
84-154830)4					
(b) Service Code(s)	person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
19 50	NONE	57602	Yes No X	Yes No		Yes No

(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?					
21 50 51	NONE	54964	Yes X No	Yes 🛛 No 🗌	0	Yes No					
		(a) Enter name and EIN or	(a) Enter name and EIN or address (see instructions)							

CHARLES A. BUSH-JOSEPH, MD

419 N. LINCOLN HINSDALE, IL 60521

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee		receive indirect	include eligible indirect		provider give you a
	organization, or person known to be		compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest	enter -o	sponsor)	disclosures?	compensation for which you	
	' '		, ,		answered "Yes" to element	
					(f). If none, enter -0	
49 50	NONE	54705				
			Yes No X	Yes No		Yes No

•		70, 20		1 495 0 10		
answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		((a) Enter name and EIN or	r address (see instructions)		
STEPHEN	I MACCIOCCHI, PHD		P.O. BO MARBL	DX 189 LE HILL, GA 30148		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	54500	Yes No X	Yes No		Yes No
	<u> </u>	(a) Enter name and EIN or	address (see instructions)	-	
TIMOTHY	TAFT, MD			DRGAN BEND COURT EL HILL, NC 27517		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	48000	Yes No 🗵	Yes No		Yes No
	•	(a) Enter name and EIN or	address (see instructions)		
NICOLE V 81-431931	VERNER, PHD, LLC					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	47500	Yes No X	Yes No		Yes No

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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-		((a) Enter name and EIN or	address (see instructions)		
ORTHOPE	EDIC CENTERS OF C	OLORADO				
47-502119	91					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
49 50	NONE	47308	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
45-393100	SIONAL FIDUCIARY S					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead or an amount or estimated amount
49 50	NONE	44985	Yes No 🛚	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
OSU HAR 31-134073	DING HOSPITAL			<u> </u>		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead o an amount or estimated amount

Yes No

Yes No

49 50

NONE

44000

Yes No X

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
JOHN RAE	BUN, MD, LLC					
45-252904	6					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	40000	Yes No X	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		Į.
ORTHOPA 65-088236	AEDIC CARE SPECIAI	LISTS				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	39840	Yes No 🗵	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
TERRY L.	THOMPSON, MD			VINGSTON STREET NW NGTON, DC 20015		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	39000	Yes No X	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or	indirectly, \$5,000 or more in t	otal compensation
(i.e., mone	ey or anything else of			ne plan or their position with the address (see instructions)	plan during the plan year. (Se	ee instructions).
MOIRA AR	RTIGUES, MD, PLLC	<u> </u>	a) Litter flame and Life of	address (see instructions)		
26-055227	76					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 50	NONE	39000	Yes No 🗵	Yes No		Yes No
	<u> </u>	(a) Enter name and EIN or	address (see instructions)		<u> </u>
45-142939 (b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
49 30	NONE	33000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
OHIO STA 31-132286	TE UNIVERSITY MED	O CENTER				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you formula instead o an amount or estimated amount
19 50	NONE	33000	Yes No X	Yes No		Yes No

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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
WASHING	TON UNIVERSITY		· ,	· · · · · · · · · · · · · · · · · · ·		
43-065361	1					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	32000	Yes No X	Yes No		Yes No
			(a) Fatarana and FIN an	- dalar - (a - a in aboution -)		
	NATIONAL REHAB (a) Enter name and EIN or	address (see instructions)		
52-136974	1					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	32000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ALAN BRE 81-192476	EN, PHD, PLLC					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
19 50	NONE	30500	Yes No X	Yes No		Yes No

answered	f "Yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
GAYTARI	DEVI, MD			OTH STREET ORK, NY 10021		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	29500	Yes No 🗵	Yes No		Yes No
	1	(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27000	Yes No 🗵	Yes No		Yes No
	<u> </u>	(a) Enter name and EIN or	address (see instructions)	,	
27-127103	ERRY CREATIVE, INC					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38 50 70	NONE	25033	Yes No X	Yes No		Yes No

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answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
EDWARD	A. RANKIN, MD		7731 R CHEVY	OCTON COURT CHASE, MD 20815		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	23500	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
NEAL DEL	JTCH, PHD		a) Enter hame and Ent of	address (see mediasions)		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	(h) Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	23500	Yes No X	Yes No	(f). If none, enter -0	Yes No
ABRAMS, 52-185404	FOSTER, NOLE & WI	<u>'</u>	a) Enter name and EIN or	audiess (see ilistructions)		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21100	Yes No X	Yes No		Yes No

	ochedule C (i oilli ooc	00) 2017		1 age 3 - 23		
answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	address (see instructions)	<u> </u>	
BAPTIST I	HEALTH MEDICAL GR	ROUP ORTHO	· ,	· · · · · · · · · · · · · · · · · · ·		
26-088605	66					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount.
49 50	NONE	20288	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		•
PATTON F	PSYCHOLOGY ASSO	<u>`</u>	,	,		
20-200023 (b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount
49 50	NONE	20000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		•
	OLDING COMPANY L	LC		<u> </u>		
82-106123	3					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
16 50	NONE	18975	Yes No X	Yes No		Yes No

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2. Information on Other Service Providers Receiv	ing Direct or Indirect Compensation. Except for those persons for whom you
answered "Yes" to line 1a above, complete as many entries as n	needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation
(i.e., money or anything else of value) in connection with service	s rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JOSEPH D. EUBANKS, PHD

75 307 MALULANI DRIVE KAILUA KONA, HI 96740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?	
49 50	NONE	18500	Yes No 🗵	Yes No		Yes No	
(a) Enter name and EIN or address (see instructions) LAWRENCE MURPHY, MD							

45-4017863

(b)	(c)	(d)	(e)	(f)	(g)	(h)		
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?		
49 50	NONE	18000	Yes No X	Yes No		Yes No		
(a) Enter name and EIN or address (see instructions)								

DAVID CLARK, MD

83-1863071

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee			include eligible indirect	compensation received by	
	organization, or	by the plan. If none,	'	compensation, for which the	service provider excluding	formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you	an amount or
	a party-in-interest		3p011301 <i>)</i>	disclosures :	answered "Yes" to element	
					(f). If none, enter -0	
49 50	NONE	17500				
			Yes No X	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)	<u> </u>	
UNIVERSI	TY PHYSICIANS, INC	·	` '	· · · · · · · · · · · · · · · · · · ·		
74-216173	37					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest	Critici -o	sponsor)	disclosures?	compensation for which you	
					answered "Yes" to element (f). If none, enter -0	
	110115					
49 50	NONE	17402	Yes No X	Yes No		Yes No
			165 [] 146 []	160 🖺 110 🖺		
	•	(a) Enter name and EIN or	address (see instructions)		
HOSPITAL	S INSURANCE COM	<u> </u>	,			
13-340946	66					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employee	Enter direct	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you
Code(s)		by the plan. If none,	compensation? (sources	compensation, for which the	service provider excluding	formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you	an amount or estimated amount
					answered "Yes" to element	
					(f). If none, enter -0	
49 50	NONE	16509	Yes	Yes No		Yes No
			res No X	res 📗 No 📙		res II No II
		`	a) Enter name and EIN or	address (see instructions)		
MID STAT	E ORTHOPEDIC & SF	PORTS				
72-131099	1					
(b)	(0)	(d)	(0)	/ f \	(a)	(b)
(b) Service	(c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
Code(s)	employer, employee organization, or	compensation paid by the plan. If none,	receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you a formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount
					(f). If none, enter -0	
19 50	NONE	16498		_		_
			Yes ☐ No 🛚	Yes ☐ No ☐		Yes No

		~
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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	address (see instructions)		
ROWAN N	IEDICINE					
22-361588	1					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	16000	Yes No 🛚	Yes No		Yes No
	!	(a) Enter name and EIN or	address (see instructions)		
90-012019	MED ASSOCIATES SA	AN ANTONIO				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	15779	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
OSU NEUR	ROSCIENCE CENTER	R, LLC				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
9 50	NONE	15500	Yes No X	Yes No		Yes No

	.	
	- •	
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answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
-			(a) Enter name and EIN or	r address (see instructions)		
MEDSTAR	R GEORGETOWN ME	DICAL CENTER	· ·	<u> </u>		
52-221858	34					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	15000	Yes No X	Yes No		Yes No
			(a) Enter name and FIN or	address (see instructions)		
EDANCISC	CO I. PEREZ, PHD		,			
74-217801	1					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14500	Yes No X	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
SANDEEP	AGGARWAL, MD		1225 W CHICA(/. HENDERSON STREET GO, IL 60657		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	14500	Yes No X	Yes No		Yes No

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answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	ch person receiving, directly or	indirectly, \$5,000 or more in t	otal compensation
-		· · · · · · · · · · · · · · · · · · ·	(a) Enter name and EIN o	r address (see instructions)	<u> </u>	·
COOK OR	THOPAEDIC SPORT	S INSTITUTE				
46-073849	95					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12963	Yes No 🗵	Yes No		Yes No
	Relationship to employee Enter direct employee employee employee employee employee employee employee employee employee employee. Employee employee employee employee employee employee. Employee employee employee employee employee. Employee employee employee employee. Employee employee employee employee. Employee. Employee employee.					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect	Did the service provider give you a formula instead of an amount or
49 50	NONE	12281	Yes ∏ No X	Yes ☐ No ☐	answered "Yes" to element	Yes ☐ No ☐
		((a) Enter name and EIN or	address (see instructions)		
CHARLEN	IE BANG, MD		#2B			
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you a formula instead of an amount or
19 50	NONE	11500				

Yes No

Yes No X

Yes No

person known to be

a party-in-interest

NONE

49 50

enter -0-

7721

other than plan or plan

sponsor)

Yes No X

disclosures?

Yes No

an amount or

estimated amount?

Yes No

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

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(a) Enter name and EIN or address (see instructions) Columbus, OH 43221						
-		((a) Enter name and EIN o	r address (see instructions)		
AMIT TAN	IDON, MD		8863 C POWEL	REIGHTON DRIVE LL, OH 43065		
Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you a formula instead of an amount or
49 50	NONE	6000	Yes No X	Yes No		Yes No
	1		a) Enter name and EIN or	address (see instructions)		
BRAD RO	VIN. MD	`	,	,		
(b)	(c)	(4)	(a)	(f)	(a)	(b)
Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you a formula instead of an amount or
49 50	NONE	6000	l 🗆 🗆	Yes No		Yes No
	•	((a) Enter name and EIN or	address (see instructions)		
OSU WEX	NER MEDICAL CENT	TER	. ,	<u> </u>		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6000	Yes No X	Yes No		Yes No

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3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source

many entires as necessaria report the required miserial contraction of such sections.		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		ompensation, including any he service provider's eligibility e indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		pmpensation, including any he service provider's eligibility e indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		ompensation, including any he service provider's eligibility e indirect compensation.

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Pa	Part II Service Providers Who Fail or Refuse to Provide Information				
4	Provide, to the extent possible, the following information for each this Schedule.	h service provide	er who failed or refused to provide the information necessary to complete		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide		
_					
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		

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Pa	Part III Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)				
а	Name:	b EIN:			
C	Position:				
d	Address:	e Telephone:			
u	Address.	C Telephone.			
Ex	planation:				
_		h ====			
a	Name:	b EIN:			
C	Position:				
d	Address:	e Telephone:			
Ex	planation:				
а	Name:	b EIN:			
C	Position:	E LIIV.			
d	Address:	e Telephone:			
u	Addiess.	С тетернопе.			
	planation:				
ĽΧ	pianation.				
а	Name:	b EIN:			
С	Position:				
d	Address:	e Telephone:			
Ex	planation:				
а	Name:	b EIN:			
C	Position:	W LIIV.			
d		0 Tolophono:			
u	Address:	e Telephone:			
Ex	planation:				

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110
2017

This Form is Open to Public

Pension Benefit Guaranty Corporation				Inspection	n
For calendar plan year 2017 or fiscal pla	an year beginning 04/01/2017	and ending 0	3/31/2018		
A Name of plan NFL PLAYER DISABILITY & NEUROC	OCNITIVE BENEEIT DI ANI		ee-digit		
NFL PLATER DISABILITY & NEUROC	OGNITIVE BENEFIT PLAN	plar	n number (PN)	<u> </u>	501
C Plan sponsor's name as shown on lir	ne 2a of Form 5500	D Empl	loyer Identification	n Number (E	EIN)
DISABILITY BOARD OF THE NFL PLA	YER DISABILITY & NEUROCOGNITIVE BE	NEFIT	52-1852594		

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38931719	40733479
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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Schedule H (Form 5500) 2017

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	38931719	40733479
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	38931719	40733479

Part II Income and Expense Statement

Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	156700000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		156700000
Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	265	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		265
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

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Schedule	山 /	Earm	EEUU)	2017

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			1:	a) Am	ount			(b) Total	
	(6) Net investment gain (loss) from common/collective trusts	2b(6)			ount			(b) Total	
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)							
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)							
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)							
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)						162609	
С	, , , ,	2c						-	
d	Total income. Add all income amounts in column (b) and enter total	2d						156862874	4
	Expenses								
е	Benefit payment and payments to provide benefits:								
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			13813	7317			
	(2) To insurance carriers for the provision of benefits	2e(2)							
	(3) Other	2e(3)							
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)						138137317	7
f	Corrective distributions (see instructions)	2f							
g		2 g							
h	Interest expense	2h							
i	Administrative expenses: (1) Professional fees	2i(1)			288	3710			
	(2) Contract administrator fees	2i(2)							
	(3) Investment advisory and management fees	2i(3)							
	(4) Other	2i(4)			1404	0087			
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)						16923797	7
j	Total expenses. Add all expense amounts in column (b) and enter total	2j						155061114	1
	Net Income and Reconciliation						_		
k	Net income (loss). Subtract line 2j from line 2d	2k						1801760)
I	Transfers of assets:								
	(1) To this plan	21(1)							
	(2) From this plan	21(2)							
Pa	art III Accountant's Opinion								
3	Complete lines 3a through 3c if the opinion of an independent qualified public a attached.	accountant	s attached to	o this	Form 5	500. Co	mplete line 3	3d if an opinion is	not
а	The attached opinion of an independent qualified public accountant for this pla	n is (see ins	structions):						
	(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse							
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103	3-8 and/or 1	03-12(d)?				Yes	X No	
С	Enter the name and EIN of the accountant (or accounting firm) below:								
	(1) Name: ABRAMS, FOSTER, NOLE & WILLIAMS P.A.		(2) EIN	: 52-1	854049)			
d	The opinion of an independent qualified public accountant is not attached bec (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		next Form 55	500 pu	ırsuant	to 29 C	FR 2520.10 ⁴	1-50 .	
D۵	art IV Compliance Questions								
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do r 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete		e lines 4a, 4e	e, 4f, 4	lg, 4h, 4	4k, 4m,	4n, or 5.		
	During the plan year:	.		Ī	Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within	n the time							
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any public fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction F	orior year fa		4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in defau								
	close of the plan year or classified during the year as uncollectible? Disregal secured by participant's account balance. (Attach Schedule G (Form 5500) I								
	checked.)			4b		X			

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Schedule H (Form 5500) 2017 Page **4-** 1

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year

Yes No **Amount** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) X 4c Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is Χ checked.)..... 4d Was this plan covered by a fidelity bond?..... X 1000000 4e Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 4f Χ g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? Χ 4g Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?..... Х 4h Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... Χ 4i Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and X see instructions for format requirements.)..... 4i Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... 4k Has the plan failed to provide any benefit when due under the plan? 41 Χ If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR m 2520.101-3.)..... 4m n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 4n 5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?...... X No If "Yes," enter the amount of any plan assets that reverted to the employer this year If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 5b(1) Name of plan(s) 5b(2) EIN(s) 5b(3) PN(s) 5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? Not determined

(See instructions.)



NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN

Financial Statements and Independent Auditor's Report

Years Ended March 31, 2018 and 2017

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INDEPENDENT AUDITOR'S REPORT

To The Disability Board of the NFL Player Disability & Neurocognitive Benefit Plan Baltimore, Maryland

We have audited the accompanying financial statements of the NFL Player Disability & Neurocognitive Benefit Plan ("Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of March 31, 2018 and 2017, the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2.A; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Certified Public Accountants & Business Advisors

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan (modified cash basis) as of March 31, 2018 and 2017, and the changes in its net assets available for benefits (modified cash basis) for the years then ended, in accordance with the modified cash basis of accounting described in Note 2.A.

Basis of Accounting

We draw attention to Note 2.A of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) of investment and administrative expenses, assets held for investment purposes and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Abrams, Foster, Nole & Williams, P. A. Abrams, Foster, Nole & Williams, P.A.

Certified Public Accountants

Baltimore, Maryland

October 12, 2018

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Statements of Net Assets Available for Benefits (Modified Cash Basis) March 31, 2018 and 2017

2018 2017

ASSETS

Investments, at fair value \$40,733,479 \$38,931,719

NET ASSETS AVAILABLE FOR BENEFITS

Net Assets Available for Benefits

\$40,733,479

\$ 38,931,719

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis) Years Ended March 31, 2018 and 2017

		<u>2018</u>	<u>2017</u>
	ADDITIONS		
Interest income Employer contributions Total additions		\$ 162,874 156,700,000 156,862,874	\$ 30,941 140,200,000 140,230,941
	DEDUCTIONS		
Benefits paid to participants Administrative expenses Total deductions		138,137,317 16,923,797 155,061,114	118,297,253 12,768,745 131,065,998
Net increase Net assets available for benefits:		1,801,760	9,164,943
Beginning of year End of Year		38,931,719 \$ 40,733,479	29,766,776 \$ 38,931,719

1. DESCRIPTION OF THE PLAN

The following brief description of the NFL Player Disability & Neurocognitive Benefit Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information. Capitalized terms have the meaning provided for in the Plan document.

A. General

The 1993 Collective Bargaining Agreement ("CBA") between the National Football League Players Association ("NFLPA") and the National Football League Management Council ("NFLMC") provided for the establishment of the Plan, which currently provides total and permanent disability benefits, line-of-duty disability benefits, and neurocognitive disability benefits to certain eligible Players.

The Plan, formerly named the "NFL Player Supplemental Disability Plan," initially provided only supplemental total and permanent disability benefits to Players who qualified for those benefits under the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Pension Plan"). The 2011 CBA continued and improved supplemental total and permanent disability benefits under the Plan, created a new benefit for Players suffering from neurocognitive impairments, and provided that the payment for certain additional disability benefits would be transitioned from the Pension Plan to the Plan.

Effective September 1, 2011, the Plan was amended to include the neurocognitive benefit provided for under the 2011 CBA and was renamed the "NFL Player Supplemental Disability & Neurocognitive Benefit Plan." Effective April 1, 2014, the Plan was restated and its current name, the "NFL Player Disability & Neurocognitive Benefit Plan," was adopted. The April 1, 2014 restatement provides that all total and permanent disability benefits relating to initial disability claims filed on and after January 1, 2015 will be paid out of the Plan, and that all line-of-duty disability benefits for periods on and after January 1, 2015 will be paid out of the Plan, other than certain line-of-duty disability benefits that will continue to be paid by the Pension Plan. The Pension Plan will continue to pay certain total and permanent disability benefits based on disability claims filed prior to January 1, 2015.

The Plan is an employee welfare benefit plan within the meaning of Section 3(1) of the Employee Retirement Income Security Act of 1974, as amended.

1. DESCRIPTION OF THE PLAN (Continued)

B. Funding Policy

Contributions are made to the Trust which constitutes a Voluntary Employees' Beneficiary Association (VEBA). A VEBA is a welfare trust under IRC Section 501(c)(9). Pursuant to the 2011 CBA, NFL Member Clubs have agreed to contribute to the Trust, on at least a quarterly basis, amounts sufficient to pay estimated Plan benefits and expenses. The Trust holds the Plan's assets for the exclusive benefit of eligible participants.

C. <u>Eligibility</u>

A Player is eligible to receive benefits under this Plan if he meets the applicable standards of Plan Sections 3.1, 4.1, 5.1, or 6.1.

D. <u>Disability Benefits</u>

Three types of disability benefits are provided for under the terms of the Plan: total and permanent disability benefits, line-of-duty disability benefits, and neurocognitive disability benefits. Eligible Players receive a monthly benefit in accordance with the terms of the Plan.

E. Plan Amendment or Termination

The Plan may only be amended or terminated by joint action of the NFLPA and the NFLMC while there is a collective bargaining agreement in effect. If no collective bargaining agreement is in effect, then the Plan may be amended by the Disability Board, and if no collective bargaining agreement has been in effect for more than one year, the Plan may be terminated by the Disability Board. No amendment or termination of the Plan may permit Trust assets to revert to, or be used or enjoyed by, an Employer, the League, or the NFLPA.

2. SIGNIFICANT ACCOUNTING POLICIES

A. <u>Basis of Accounting</u>

The accounting records of the Plan are maintained on the modified cash basis of accounting. Consequently, contributions and interest income are recognized when collected and expenses are recognized when paid. No recognition is given to assets and liabilities, except for amounts which arise from the cash transactions of the Plan. Accordingly, the accompanying financial statements are not intended to present net assets and changes in net assets in conformity with accounting principles generally accepted in the United States of America.

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

B. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

C. Investment Valuation and Income Recognition

Investments are reported at fair value. Note 9 describes the Plan's fair value criteria.

D. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

E. Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

3. INCOME TAX STATUS

On July 1, 1994, the Internal Revenue Service ("IRS") granted tax-exempt status to the Plan's trust under Section 501(c)(9) of the Internal Revenue Code ("IRC"). Accordingly, the trust's net investment income is exempt from income taxes. The Disability Board believes that the Plan's trust continues to be tax-exempt under IRC Section 501(c)(9).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to March 31, 2015.

3. INCOME TAX STATUS (Continued)

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Disability Board is not aware of any course of action or series of events that have occurred that will adversely affect the Plan's tax-exempt status at March 31, 2018.

4. PLAN AMENDMENTS

The Plan was amended and restated during the period under audit. Changes included: (a) extending the deadline for the submission of applications for neurocognitive disability benefits to December 31, 2018; (b) revising claims administration rules and procedures; and (c) revising the standard for mild and moderate neurocognitive disability benefits.

5. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

6. RISKS AND UNCERTAINTIES

The Plan provides for investments in various investment securities that are exposed to certain risks such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, changes in value of investment securities could occur in the near term and these changes could materially affect the amounts reported in the statement of net assets available for benefits.

7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Bank of New York Mellon is the Trustee of the Plan and provides investment custody services to the Plan. Fees paid to The Bank of New York Mellon for these services for the years ended March 31, 2018 and 2017 were \$54,964 and \$45,353, respectively. As described in Note 2.E, the Plan paid certain other expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

During the Plan years ended March 31, 2018 and 2017, the Plan incurred certain administrative expenses paid by the Bert Bell/Pete Rozelle NFL Player Retirement Plan. For the Plan years ended March 31, 2018 and 2017, the amount reimbursed was \$5,829,097 and \$5,021,318, respectively.

8. INVESTMENTS

The Trustee and custodian of the Plan's securities is The Bank of New York Mellon.

The investments that represent more than 5% of the Plan's net assets as of March 31, 2018 and 2017, respectively are as follows:

	<u>2018</u>	<u>2017</u>
Interest bearing cash	\$ 40,733,479	\$ 38,931,719

9. FAIR VALUE MEASUREMENTS

Accounting Standards Codification ASC 820-10-50-2, formerly Financial Accounting Standards Board (FASB) Statement No. 157, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10-50-2 are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the assets or liabilities; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

9. FAIR VALUE MEASUREMENTS (Continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of March 31, 2018.

Treasury Prime Cash: Value at the closing price reported on the active market on which the securities are traded.

The method described above may produce a fair value calculation that may not be indicative of net realized value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level, within fair value hierarchy, the Plan's assets at fair value as of March 31, 2018 and 2017:

Assets at Fair Value as of March 31, 2018:

	Level 1	<u>Level 2</u>	Level 3	Tot	al Fair Value
Interest bearing cash	\$ 40,733,479	\$ -	\$ -	 \$	40,733,479

Assets at Fair Value as of March 31, 2017:

	Level 1	<u>Level 2</u>	_]	Level 3	Tota	al Fair Value
Interest bearing cash	\$ 38,931,719	\$ -	\$	-	\$	38,931,719

9. FAIR VALUE MEASUREMENTS (Continued)

Transfers between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

There were no transfers of assets between Level 1, 2, or 3 classifications for the years ended March 31, 2018 and March 31, 2017.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There were no reconciling differences, the net assets available for benefits per financial statement agree to net assets available for benefits per the Form 5500. Benefits paid to participants per the financial statement also agree to benefits paid to participants per the Form 5500.

11. SUBSEQUENT EVENTS

FASB Accounting Standards Codification ASC 855-10-50, *Subsequent Events*, requires organizations to evaluate events and transactions that occur after the statement of financial position date but before the date the financial statements are available to be issued. ASC 855-10-50 requires entities to recognize in the financial statements the effect of all events or transactions that provide additional evidence of conditions that existed at the statement of financial position date, including the estimates inherent in the financial statement preparation process. Subsequent events that provide evidence about conditions that arose after the statement of financial position date should be disclosed if the financial statements would otherwise be misleading. Plan management has evaluated subsequent events through the date the financial statements were available to be issued on October 12, 2018 and determined there were no material transactions which need to be disclosed.

SCHEDULES OF ADMINISTRATIVE EXPENSES

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Schedules of Administrative Expenses (Modified Cash Basis) Years Ended March 31, 2018 and 2017

	2018	2017
Administrative Fees		
Aon	\$ 129,487	\$ 150,238
Abrams, Foster, Nole & Williams, P.A.	21,100	21,100
Alight	18,975	-
Attorney Fees		
Groom Law Group	2,714,148	1,422,723
Custodian Fees		
Bank of New York Mellon	54,964	45,353
Other		
Player medical and travel expenses	7,267,020	5,454,011
Plan office operating expense	5,829,097	5,021,318
Medical consulting	655,000	519,000
Conservatorship related expenses	132,110	103,559
Printing expenses	59,090	31,443
Miscellaneous expenses	42,806	
Total Administrative Expenses	\$16,923,797	\$12,768,745

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, SCHEDULE H, 4i

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Schedule of Assets Held for Investment Purposes Schedule H, 4i Year Ended March 31, 2018

	Number of				
	Shares	Cost		Fair Value	
Dreyfus Treasury Prime Cash	40,733,479	\$	1.00	\$	40,733,479

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Schedule of Reportable Transactions Schedule H, 4j Year Ended March 31, 2018

Single Transactions in Excess of Five Percent of the Beginning Value of Plan Assets 5% Value: \$ 1,946,586

Identity of Issue	Description	Cost of Acquisition	Proceeds of Disposition	
BNY Mellon Cash Reserve	Cash and cash equivalents	\$ 43,997,000	\$ -	
BNY Mellon Cash Reserve	Cash and cash equivalents	-	44,000,000	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	9,692,630	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	9,812,019	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,578,837	
Dreyfus Treasury Securities CM	Cash and cash equivalents	35,487,808	-	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,156,544	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,245,088	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,369,628	
Dreyfus Treasury Securities CM	Cash and cash equivalents	33,414,614	-	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,506,207	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,794,321	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	4,909,061	
Dreyfus Treasury Securities CM	Cash and cash equivalents	37,315,679	-	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,636,191	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,907,715	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	11,109,560	
Dreyfus Treasury Securities CM	Cash and cash equivalents	38,316,861	-	

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Schedule of Reportable Transactions Schedule H, 4j Year Ended March 31, 2018

Series of Transactions in Excess of Five Percent of the Beginning Value of Plan Assets 5% Value: \$ 1,946,586

Identity of Issue	Description	Cost of Acquisition	Proceeds of Disposition	
BNY Mellon Cash Reserve	Cash and cash equivalents	\$ 44,065,317	\$ -	
BNY Mellon Cash Reserve	Cash and cash equivalents	-	44,065,317	
Dreyfus Treasury Securities CM	Cash and cash equivalents	145,103,853	-	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	143,310,284	



Abrams, Foster, Nole & Williams, P.A. 2 Hamill Road, Suite 241 West Quadrangle Baltimore, MD 21210

O: 410.433.6830 • **F**: 410.433.6871

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Schedule of Reportable Transactions Schedule H, 4j Year Ended March 31, 2018

Single Transactions in Excess of Five Percent of the Beginning Value of Plan Assets 5% Value: \$ 1,946,586

Identity of Issue	Description	Cost of Acquisition	Proceeds of Disposition
BNY Mellon Cash Reserve	Cash and cash equivalents	\$ 43,997,000	\$ -
BNY Mellon Cash Reserve	Cash and cash equivalents	-	44,000,000
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	9,692,630
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	9,812,019
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,578,837
Dreyfus Treasury Securities CM	Cash and cash equivalents	35,487,808	-
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,156,544
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,245,088
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,369,628
Dreyfus Treasury Securities CM	Cash and cash equivalents	33,414,614	-
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,506,207
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,794,321
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	4,909,061
Dreyfus Treasury Securities CM	Cash and cash equivalents	37,315,679	-
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,636,191
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	10,907,715
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	11,109,560
Dreyfus Treasury Securities CM	Cash and cash equivalents	38,316,861	-

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Schedule of Reportable Transactions Schedule H, 4j Year Ended March 31, 2018

Series of Transactions in Excess of Five Percent of the Beginning Value of Plan Assets 5% Value: \$ 1,946,586

Identity of Issue	Description	Cost of Acquisition	Proceeds of Disposition	
BNY Mellon Cash Reserve	Cash and cash equivalents	\$ 44,065,317	\$ -	
BNY Mellon Cash Reserve	Cash and cash equivalents	-	44,065,317	
Dreyfus Treasury Securities CM	Cash and cash equivalents	145,103,853	-	
Dreyfus Treasury Securities CM	Cash and cash equivalents	-	143,310,284	

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Schedule of Assets Held for Investment Purposes Schedule H, 4i Year Ended March 31, 2018

	Number of					
	Shares		Cost		Fair Value	
Dreyfus Treasury Prime Cash	40,733,479	\$	1.00	\$	40,733,479	

Form 5500

Department of the Treasury Internal Revenue Service

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

Employee Benefits Security Administration		the instructions to the Form 5500.					
Pensio	n Benefit Guaranty Corporation				This	Form is Open to Pu Inspection	ıblic
Part I	Annual Report I	dentification Information					
For caler	idar plan year 2016 or fis	cal plan year beginning 04/01/2016		and ending 03/31/20	17		
A This r	eturn/report is for:	a multiemployer plan	participating en	uployer plan (Filers checking this box must attach a list of employer information in accordance with the form instructions.)			
		a single-employer plan	a DFE (specify)) <u> </u>			
B This r	eturn/report is:	the first return/report	the final return/	'n/report			
		an amended return/report	a short plan yea	ear return/report (less than 12 months)			
\boldsymbol{C} If the	plan is a collectively-bar	gained plan, check here				× ×	
D Chec	k box if filing under:	X Form 5558	automatic exten	sion	on the DFVC program		
	o	special extension (enter description)					
Part II	Basic Plan Info	mation—enter all requested informatio	n				
	e of plan AYER DISABILITY & NE	UROCOGNITIVE BENEFIT PLAN			1b	Three-digit plan number (PN) ▶	501
					1c	Effective date of pla 07/01/1993	an
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DISABILITY BOARD OF THE NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT 200 ST. PAUL STREET SUITE 2420 BALTIMORE, MD 21202			2b Employer Identification Number (EIN) 52-1852594				
			2c Plan Sponsor's telephone number 410-685-5069		•		
			2d Business code (see instructions) 711210				
Caution:	A penalty for the late	or incomplete filing of this return/repor	t will be assessed u	ınless reasonable cause is	s establis	shed.	
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.							
SIGN HERE	Filed with authorized/val	id electronic signature.	12/11/2017	TED PHILLIPS			
HERE	Signature of plan adm	inistrator	Date	Enter name of individual si	e of individual signing as plan administrator		

SIGN HERE	Filed with authorized/valid electronic signature.	12/11/2017	TED PHILLIPS		
ILKE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN IERE	Filed with authorized/valid electronic signature.	12/06/2017	SAM MCCULLUM		
IERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spor		
SIGN					
IERE	Signature of DFE	Date	Enter name of individual signing as DFE		
epare	r's name (including firm name, if applicable) and address (include room or suite num	ber) Preparer's telephone number		

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Form 5500 (2016) Page **2**

3a	Plan administrator's name and address X Same as Plan Sponsor	3b Adm	ninistrator's EIN
			ninistrator's telephone nber
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	4b EIN	
а	Sponsor's name	4c PN	
5	Total number of participants at the beginning of the plan year	5	9416
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1	1) Total number of active participants at the beginning of the plan year	6a(1)	2220
a(2	2) Total number of active participants at the end of the plan year	6a(2)	2235
b	Retired or separated participants receiving benefits	. 6b	1796
С	Other retired or separated participants entitled to future benefits	. 6c	6714
d	Subtotal. Add lines 6a(2) , 6b , and 6c	. 6d	10745
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	. 6e	
f	Total. Add lines 6d and 6e	. 6f	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	. 7	32
b	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Code If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Code 4H 4U	es in the ins	
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts 9b Plan benefit arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3)		contracts
	(3) X Trust (3) X Trust		
	(4) General assets of the sponsor (4) General assets of the s	sponsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the num	ber attach	ed. (See instructions)
а	Pension Schedules b General Schedules		
	(1) R (Retirement Plan Information) (1) H (Financial Info	mation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money (2) I (Financial Infor	mation – S	mall Plan)
	Purchase Plan Actuarial Information) - signed by the plan actuary (3) 0 A (Insurance Info	-	
	(4) C (Service Providence of the Control of the Con		,
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (6) G (Financial Transcription)	-	•
	(a) [C Mandai Har		/

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Form 5500 (2016)

Receipt Confirmation Code

Page 3 Part III Form M-1 Compliance Information (to be completed by welfare benefit plans) 11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR X No If "Yes" is checked, complete lines 11b and 11c. 11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

SCHEDULE C (Form 5500)

Service Provider Information

2016

OMB No. 1210-0110

Department of the Treasury Internal Revenue Service	This Form is Open to Public Inspection.		
Department of Labor Employee Benefits Security Administration File as an attachment to Form 5500.			
Pension Benefit Guaranty Corporation For calendar plan year 2016 or fiscal pla	pn year heginning 04/04/2016	and ending 03/3	i i
A Name of plan	an year beginning 04/01/2016		1/2017
NFL PLAYER DISABILITY & NEURO	COGNITIVE BENEFIT PLAN	B Three-digit plan number (PN)	501
		plan number (FIV)	
C Plan sponsor's name as shown on lir		D Employer Identification	on Number (EIN)
DISABILITY BOARD OF THE NFL PL	AYER DISABILITY & NEUROCOGNITIVE BENEFIT	52-1852594	
Part I Service Provider Info	ormation (see instructions)		
or more in total compensation (i.e., m plan during the plan year. If a persor	rdance with the instructions, to report the information reports or anything else of monetary value) in connection received only eligible indirect compensation for whic include that person when completing the remainder of	n with services rendered to n the plan received the requ	the plan or the person's position with the
1 Information on Persons Rec	ceiving Only Eligible Indirect Compensat	tion	
a Check "Yes" or "No" to indicate wheth	ner you are excluding a person from the remainder of t	his Part because they recei	ved only eligible
indirect compensation for which the p	lan received the required disclosures (see instructions	for definitions and condition	ns) Yes 🛚 No
	the name and EIN or address of each person providir sation. Complete as many entries as needed (see ins		or the service providers who
(b) Enter nar	me and EIN or address of person who provided you di	sclosures on eligible indirec	t compensation
(la) = .			
(D) Enter nar	me and EIN or address of person who provided you di	sclosures on eligible indirec	t compensation
(b) Enter no.	es and CIN or address of parson who provided you di	and a cligible indired	t componenties
(D) Enter har	me and EIN or address of person who provided you di	sciosures on eligible indirec	t compensation
(b) Enter nar	me and EIN or address of person who provided you di	sclosures on eligible indirec	t compensation

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Schedule C (Form 5500) 2016	Page 2- 1
(b) Enter name and EIN or address	s of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address	s of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or addres	s of person who provided you disclosures on eligible indirect compensation
(b) Fatanages and FIN an address	
(b) Enter hame and EIN or address	s of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address	s of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or addres	ss of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address	s of person who provided you disclosures on eligible indirect compensation
(b) Enterprise and EIN anaddress	
(b) Enter name and EIN of address	s of person who provided you disclosures on eligible indirect compensation

Case 1:23-cv-00358-JRR Document 69-6 Filed 06/27/23 Page 364 of 423 Page **3 -** 1 Schedule C (Form 5500) 2016 2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) BERT BELL/PETE ROZELLE NFL PLAYER 13-6043636 (b) (d) (f) (c) (e) (g) (h) Did indirect compensation Relationship to Enter direct Did service provider Enter total indirect Service Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 5021318 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) **GROOM LAW GROUP** 52-1219029 (h) (b) (c) (d) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you estimated amount? a party-in-interest sponsor) disclosures? answered "Yes" to element (f). If none, enter -0-. 29 50 NONE 1422723 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) BERNSTEIN & MCCASLAND, MD, PC 58-1318583 (b) (d) (f) (h) (c) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service

Code(s)

49 50

employer, employee

organization, or

person known to be

a party-in-interest

NONE

compensation paid

by the plan. If none

enter -0-.

307000

receive indirect

compensation? (sources

other than plan or plan

sponsor)

Yes No X

include eligible indirect

compensation, for which the

plan received the required

disclosures?

Yes No

compensation received by

service provider excluding

eligible indirect

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

provider give you a

formula instead of

an amount or

estimated amount?

Yes No

Case 1:23-cv-00358-JRR Document 69-6 Filed 06/27/23 Page 365 of 423 Page **3 -** 2 Schedule C (Form 5500) 2016 2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) 96 REYNOSA SAN ANTONIO, TX 78261 ERIC J. BRAHIN, M.D., M.S.E (b) (d) (f) (c) (e) (g) (h) Service Did indirect compensation Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 287500 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) JOHNNY HUNG-CHI WEN, PHD 20-8253877 (b) (d) (h) (c) (e) (f) (g) Did indirect compensation Service Relationship to Enter direct Did service provider Enter total indirect Did the service employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of plan received the required person known to be enter -0-. other than plan or plan eligible indirect an amount or sponsor) compensation for which you estimated amount? a party-in-interest disclosures? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 265500 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) ATLANTA NEUROPSYCHOLOGY, LLC

46-1232782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
49 50	NONE	203500	Yes No X	Yes No		Yes No

Case 1:23-cv-00358-JRR Document 69-6 Filed 06/27/23 Page 366 of 423 Page **3 -** 3 Schedule C (Form 5500) 2016 2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) 11703 HUEBNER ROAD **RAYMOND FABER** SUITE 106-273 SAN ANTONIO, TX 78230 (b) (d) (f) (c) (e) (g) (h) Service Did indirect compensation Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 186500 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) PEACHTREE ORTHOPAEDIC CLINIC 58-1080740 (d) (h) (b) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you estimated amount? a party-in-interest sponsor) disclosures? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 170129 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) **EDWARD O'CONNOR** 20-0579634 (b) (d) (f) (h) (c) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a

by the plan. If none

enter -0-

160800

compensation? (sources

other than plan or plan

sponsor)

Yes No X

compensation, for which the

plan received the required

disclosures?

Yes No

service provider excluding

eligible indirect

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

formula instead of

an amount or

estimated amount?

Yes No

organization, or

person known to be

a party-in-interest

NONE

49 50

Case 1:23-cv-00358-JRR Document 69-6 Filed 06/27/23 Page 367 of 423 Page **3 -** 4 Schedule C (Form 5500) 2016 2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) DAVID APPLE, M.D. 660 COLLIER COMMONS CIRCLE ATLANTA, GA 30318 (b) (d) (f) (c) (e) (g) (h) Service Did indirect compensation Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 160737 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) ALL FLORIDA ORTHOPAEDICS ASSOCIATES 59-2681990 (d) (h) (b) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you estimated amount? a party-in-interest sponsor) disclosures? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 15734 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) **AON** 22-2232264 (b) (d) (f) (h) (c) (e) (g)

Service

Code(s)

11 16 50

Relationship to

employer, employee

organization, or

person known to be

a party-in-interest

NONE

Enter direct

compensation paid

by the plan. If none

enter -0-

150238

Did service provider

receive indirect

compensation? (sources

other than plan or plan

sponsor)

Yes No X

Did indirect compensation

include eligible indirect

compensation, for which the

plan received the required

disclosures?

Yes No

Enter total indirect

compensation received by

service provider excluding

eligible indirect

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

Did the service

provider give you a

formula instead of

an amount or

estimated amount?

Yes No

Filed 06/27/23 Case 1:23-cv-00358-JRR Document 69-6 Page 368 of 423 Page **3 -** 5 Schedule C (Form 5500) 2016 2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) PO BOX 188 MEDINA, WA 98039 **ALLEN JACKSON** (b) (d) (f) (h) (c) (e) (g) Service Did indirect compensation Did the service Relationship to Enter direct Did service provider Enter total indirect Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 143000 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) ROBERT A. BORNSTEIN, PH.D. 370 W. 9TH AVE **ROOM 237** COLUMBUS, OH 43210 (b) (d) (h) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest compensation for which you estimated amount? sponsor) disclosures? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 137500 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) OSU NEUROSCIENCE CENTER, LLC 31-1466115

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee			include eligible indirect		provider give you a
	organization, or person known to be	, ,	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest	enter -o	sponsor)	disclosures?	compensation for which you	
	a party in intoroct		оролоог)	dicolocal co .	answered "Yes" to element	
					(f). If none, enter -0	
49 50	NONE	134250				
			Yes No X	Yes ☐ No ☐		Yes ☐ No ☐

			_	r Indirect Compensation		-
				ch person receiving, directly or ne plan or their position with the		
			(a) Enter name and EIN or	address (see instructions)		
FONDREN	ORTHOPEDIC GRO	UP, LLP				
76-036358	3					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	132651	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
CHICAGO	NEUROPSYCHOLOG	GY GROUP	SUITE	MICHIGAN AVENUE 1801 GO, IL 60601		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	130000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JANYNA M	MERCADO, PH.D.			CAMINO RIDGE NTONIO, TX 78258		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
9 50	NONE	127500	Yes No X	Yes No		Yes No

Case 1:23-cv-00358-JRR Document 69-6 Filed 06/27/23 Page 370 of 423 Page **3 -** 7 Schedule C (Form 5500) 2016 2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) SUTAPA MCNASBY, PH.D. 4703 CARLTON CROSSING DRIVE DURHAM, NC 27713 (b) (d) (f) (c) (e) (g) (h) Service Did indirect compensation Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 124000 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) HARLAN SELESNICK, M.D. 7501 SW 104TH STREET MIAMI, FL 33156 (b) (d) (h) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you estimated amount? a party-in-interest sponsor) disclosures? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 120000 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) JAMES L. CHEN, M.D. 45-5051429 (b) (d) (f) (h) (c) (e) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a

organization, or

person known to be

a party-in-interest

NONE

49 50

by the plan. If none

enter -0-

117450

compensation? (sources

other than plan or plan

sponsor)

Yes No X

compensation, for which the

plan received the required

disclosures?

Yes No

service provider excluding

eligible indirect

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

formula instead of

an amount or

estimated amount?

Yes No

Case 1:23-cv-00358-JRR Document 69-6 Filed 06/27/23 Page 371 of 423 Page **3 -** 8 Schedule C (Form 5500) 2016 2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions). (a) Enter name and EIN or address (see instructions) RODNEY D. VANDERPLOEG, PH.D. 5322 PRIMROSE LAKE CIRCLE SUITE G TAMPA, FL 33647 (b) (d) (f) (c) (e) (g) (h) Service Did indirect compensation Relationship to Enter direct Did service provider Enter total indirect Did the service Code(s) employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or a party-in-interest disclosures? compensation for which you estimated amount? sponsor) answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 112000 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) CHICAGO PSYCHIATRY ASSOCIATES 46-5610304 (d) (h) (b) (c) (e) (f) (g) Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect Did the service employer, employee compensation paid receive indirect include eligible indirect compensation received by provider give you a Code(s) organization, or by the plan. If none compensation? (sources compensation, for which the service provider excluding formula instead of person known to be enter -0-. other than plan or plan plan received the required eligible indirect an amount or compensation for which you estimated amount? a party-in-interest sponsor) disclosures? answered "Yes" to element (f). If none, enter -0-. 49 50 NONE 110000 Yes No X Yes No Yes No (a) Enter name and EIN or address (see instructions) 5101 MEDICAL DRIVE SAN ANTONIO, TX 78229 JOSEPH D. EUBANKS, PH.D. (b) (d) (e) (f) (h) (c) (g)

Service

Code(s)

49 50

Relationship to

employer, employee

organization, or

person known to be

a party-in-interest

NONE

Enter direct

compensation paid

by the plan. If none

enter -0-

105500

Did service provider

receive indirect

compensation? (sources

other than plan or plan

sponsor)

Yes No X

Did indirect compensation

include eligible indirect

compensation, for which the

plan received the required

disclosures?

Yes No

Enter total indirect

compensation received by

service provider excluding

eligible indirect

compensation for which you

answered "Yes" to element (f). If none, enter -0-.

Did the service

provider give you a

formula instead of

an amount or

estimated amount?

Yes No

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	Schedule C (Form 550	00) 2016		Page 3 - 9		
answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
KANSAS (CITY SPINE & SPORT	'S MED				
80-060977	78					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	98907	Yes No X	Yes No		Yes No
	1	<u>'</u>	a) Enter name and EIN or	address (see instructions)	I .	
74-261345	58					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	97273	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
PERRY O 56-225832	RTHOPEDICS & SPO	RTS MEDICINE				
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

Yes No No

Yes No

NONE

91502

Yes No X

49 50

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0 1.6		ander Breedeler	. D i da a Dia at a			
			_	r Indirect Compensation ich person receiving, directly or		
				ne plan or their position with the		
		((a) Enter name and EIN o	r address (see instructions)		
ORRIN SH	HERMAN, M.D.		114 EA	ST 72ND STREET		
	,		14C	ORK, NY 10021		
				0144,111 10021		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
0000(0)	organization, or	by the plan. If none,	compensation? (sources	compensation, for which the	service provider excluding	formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you	an amount or estimated amount?
	a party in interest		оролоот)	discissures:	answered "Yes" to element	commuted amounts
					(f). If none, enter -0	
49 50	NONE	89500				
			Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
CAL FIDUR	CIARY SERVICES, INC		,	,		
O/ IEI IBOO	517 H. C.	5.				
47-547704	14					
/I-)	(a)	(4)	(2)	(4)	(-)	(1-)
(b) Service	(c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
Code(s)	employer, employee	compensation paid	receive indirect	include eligible indirect	compensation received by	provider give you a
	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you	estimated amount?
					answered "Yes" to element (f). If none, enter -0	
10.50	NOVE	00.400			(i). Il fierie, eriter e :	
49 50	NONE	88496	Yes ☐ No 🛛	Vac III Na II		Vas D. Na D
			res No	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
WILLIAM (GARMOE, PH.D.			GALLANT FOX LANE		
			SUITE BOWIE	, MD 20715		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
Code(s)	organization, or	by the plan. If none,	compensation? (sources	compensation, for which the	service provider excluding	formula instead of
	person known to be	enter -0-	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	commated amount?
					(f). If none, enter -0	
19 50	NONE	87500				
			Yes No X	Yes No		Yes No

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Page 3 -	11	

	ochedule o (i oith ook	00) 2010		rage 3 - TT		
				r Indirect Compensation		
				ne plan or their position with the		
			(a) Enter name and EIN o	r address (see instructions)		
CENTER F	FOR ATHELETIC MED	DICINE, LTD				
36-381540)2					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	87486	Yes No X	Yes No		Yes No
	•	(a) Enter name and EIN or	address (see instructions)		
MARK TUI	LLMAN, M.D.	`	•	DNTENAC ESTATES DRIVE		
	(-)	(.1)		(0)		4.)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	83500	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
FRANCISO	CO I. PEREZ, PH.D.		,	· , , ,		
74-217801	6					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	74000	Yes No X	Yes No		Yes No

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Schedule C (Form 5500) 2016

	20	(0) = 0.0		. age 0 12		
answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
(1.0., 1110110	9, 9, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	•		r address (see instructions)	pian damig the pian year. (et	
GREGORY	MACK, M.D.	<u>`</u>	(4) 2			
20-4015690	0					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
19 50	NONE	73992	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	73770	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
JONATHAN	N SCHLEIMER, M.D.		#750	ENESEE AVENUE LA, CA 92037		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
9 50	NONE	73000	Yes No X	Yes No		Yes No

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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
SAN DIEG	O SPORTS MEDICIN	E & ORTHO				
33-083430	9					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	71468	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
VIRGIL ME	EDLOCK III	•		VINGSTON AVE S, TX 75205		
	,					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	63000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
DENVER \\ 84-154830	/EIL ORTHOPEDICS,	P.C.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
9 50	NONE	60811	Yes No X	Yes No		Yes No

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	Scriedule C (1 OIIII 550	00) 2010		1 age 9 - 14		
0 lafa		amilaa Duaridan	- Danah dan Dina 4	- la dina at O		
				r Indirect Compensation ich person receiving, directly or		
				ne plan or their position with the		
		((a) Enter name and EIN o	r address (see instructions)		
D.C. DELIS	S CLINICAL PSYCHO	LOGIST	` ,	,		
04 000070	20					
81-060872	29					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
0000(0)	organization, or	by the plan. If none,	compensation? (sources	compensation, for which the	service provider excluding	formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you	an amount or estimated amount?
	a party in interest		оролоог)	disoloculos:	answered "Yes" to element	
					(f). If none, enter -0	
19 50	NONE	59000				
			Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
OPTHODA	AEDIC ASSOCIATION	<u>`</u>	,	,		
OKTITIOT 7	KEDIO NOCCOINTION	Or Ornorio				
36-273142	28					
	T .	T			T .	
(b) Service	(c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
Code(s)	employer, employee	compensation paid	receive indirect	include eligible indirect	compensation received by	provider give you a
	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest	enter -o	sponsor)	disclosures?	compensation for which you	estimated amount?
					answered "Yes" to element	
					(f). If none, enter -0	
19 50	NONE	58939		🗆 🗆		
			Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
FLORIDA	SPORTS INJURY					
45-280683	34					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or	compensation paid by the plan. If none,	receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you a formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	
					(f). If none, enter -0	
9 50	NONE	58886				
			Yes No X	Yes No		Yes No
	i	i .	· —		1	_

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2. Inform	ation on Other S	Service Provider	s Receiving Direct o	r Indirect Compensation	Except for those persons	for whom you
				ich person receiving, directly or ne plan or their position with the		
(i.e., mone	ey or anything else of	·		<u> </u>	plan during the plan year. (Se	ee instructions).
			· ,	r address (see instructions)		
ALVIN DE	TTERLINE		13905 F PHOEN	FOXLAND ROAD IIX, MD 21131		
				,		
(1-)	(5)	(-1)	(2)	(£)	(2)	(1-)
(b) Service	(c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
Code(s)	employer, employee		receive indirect	include eligible indirect	compensation received by	provider give you a
	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you	
					answered "Yes" to element (f). If none, enter -0	
					(i). Il fiorio, critor o .	
19 50	NONE	58000				
			Yes No X	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
MENORAH	H MEDICAL GROUP					
48-130182	26					
40 100102						
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
Code(s)	organization, or	by the plan. If none,	compensation? (sources	compensation, for which the	service provider excluding	formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required disclosures?	eligible indirect compensation for which you	an amount or estimated amount?
	a party-in-interest		sponsor)	disclosures?	answered "Yes" to element	estimated amount
					(f). If none, enter -0	
19 50	NONE	56522				
			Yes No X	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
OSU HARI	DING HOSPITAL					
000111111	DII (0 1 1 0 0 1 1 1 / L					
31-134073	39					
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee organization, or	compensation paid by the plan. If none,	receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you a formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount?
					(f). If none, enter -0	
9 50	NONE	53000				
			Yes No X	Yes No		Yes No
	1	i .			1	

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
•		<u>, </u>		r address (see instructions)		,
GAYTARI	DEVI, M.D.			6TH STREET ORK, NY 10021		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	49000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	-	
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
HEDLEY C	DRTHOPEDIC INSTIT	UTE	SUITE:	. HIGHLAND AVE 300 IIX, AZ 85016		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	47332	Yes No X	Yes No		Yes No

00) 2016	Page 3 - 17	

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
	_		(a) Enter name and EIN o	r address (see instructions)		
THE BANK	K OF NEW YORK MEL	LON				
13-516038	32					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51	NONE	45353	Yes X No	Yes 🛛 No 🗍	0	Yes No
	<u> </u>		(a) Enter name and EIN or	address (see instructions)		
01-068399	TRIC ASSOCIATES O	FAILANTA				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	45000	Yes No 🛚	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
SANDEEF	PAGGARWAL			/. HENDERSON STREET GO, IL 60657		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	44500	Yes No X	Yes No		Yes No

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
SILVANA F	RIGGIO		SUITE '	ST 87TH STREET W2OC ORK, NY 10128		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	43000	Yes No X	Yes No		Yes No
		<u>'</u>	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	40390	Yes ☐ No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
STEPHEN	MACCIOCCHI, PH.D.		P.O. BC MARBL	DX 189 E HILL, GA 30148		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	33000	Yes No X	Yes No		Yes No

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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
<u> </u>			(a) Enter name and EIN o	r address (see instructions)		·
RR DONNI	ELLEY RECEIVABLE	S, INC	· ·	<u> </u>		
52-212512	7					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	31443	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
TERRY L.	THOMPSON, M.D.	·	3227 LI	VINGSTON STREET NW		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	31249	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
DAVID BEI		<u> </u>	<u>, </u>			
	1	T			T	
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
9 50	NONE	30000	Yes No X	Yes No		Yes No

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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
MGUH DE	PARTMENT OF PSYC	CHIATRY				
52-222844	4					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27000	Yes No 🛚	Yes No		Yes No
	•	(a) Enter name and EIN or	address (see instructions)	•	
ABRAMS, 52-185404	FOSTER, NOLE & WI	ILLIAMS, PA				
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21100	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
UNIVERSI	TY PHYSICIANS INC			·		

74-2161737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	20500	Yes No X	Yes No		Yes No

				r Indirect Compensation		
		value) in connection v	with services rendered to the	ch person receiving, directly or ne plan or their position with the		
			(a) Enter name and EIN or	address (see instructions)		
BARRY JC	ORDAN, M.D.			MARONECK AVENUE PLAINS, NY 10605		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	19900	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
WASHING 43-065361	TON UNIVERSITY 1					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	19600	Yes No X	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
CHARLES	A. BUSH-JOSEPH, M	ID		LINCOLN ALE, IL 60521		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
9 50	NONE	16711	Yes No X	Yes No		Yes No

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answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	r address (see instructions)		
ROBERT	HEILBRONNER		SUITE	MICHIGAN 1801 GO, IL 60601		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	16000	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		<u> </u>
EDWARD	A. RANKIN, M.D.		SUITE	ARNUM STREET NE 312 NGTON, DC 20017		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	15500	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
NEAL DEU 48-112226	JTCH, PH.D.					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14500	Yes No X	Yes No		Yes No

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you

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			a) Enter name and FIN or	r address (see instructions)		
BRENDAN	NKELLEY, M.D.	•	7070 R	OB ROY DRIVE N, OH 43017		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
KATHERIN	NE BROWNLOWE	·		ORTH STAR ROAD & ARLINGTON, OH 43221		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	13000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		•
PROFESS 45-393100	SIONAL FIDUCIARY S	ERVICES LLC				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	12403				

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).						
	(a) Enter name and EIN or address (see instructions)					
NEHAL DA	NEHAL DASSANI, M.D. 4813 CULBREATH ISLES WAY TAMPA, FL 33629					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	12000	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	·	
ROWAN M 22-361588						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	12000	Yes No 🛚	Yes No		Yes No
		(1	a) Enter name and EIN or	address (see instructions)		
OHIO STATE UNIVERSITY MED CENTER 31-1322867						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
9 50	NONE	12000	Yes No X	Yes No		Yes No

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orm 5500) 2016	Page 3 - 25	

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
TIMOTHY	TAFT			ORGAN BEND COURT EL HILL, NC 27517		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12000	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
31-134073 (b) Service Code(s)	(c) Relationship to employer, employee organization, or	(d) Enter direct compensation paid by the plan. If none,	(e) Did service provider receive indirect compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	(g) Enter total indirect compensation received by service provider excluding	(h) Did the service provider give you a formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
49 50	NONE	11151	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
TOWSON 32-039100	ORTHOPAEDIC ASS	OCIATES				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	11060	Yes No X	Yes No		Yes No

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answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	address (see instructions)		
SPORTS MED ASSOCIATES SAN ANTONIO						
90-012019	2					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8145	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
36-309729	ESTERN MEDICINE					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8100	Yes No 🛚	Yes No		Yes No
		((a) Enter name and EIN or	address (see instructions)		
LA MESA	CARDIAC CENTER					
33-098271	8					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	7449	Yes No X	Yes No		Yes No

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answered	I "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
MID STAT	E ORTHOPEDIC & SF	PORTS				
72-131099	11					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6852	Yes No X	Yes No		Yes No
	1		a) Enter name and EIN or	address (see instructions)		
MARCUS 46-073849						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6372	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
74-189542	ICS OF SAN ANTONIO	0				
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	6350	Yes No X	Yes No		Yes No

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answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
(1.0., 111011	ey or arryaning clos or	·		r address (see instructions)	plan daming the plan year. (ex	oo mondonono).
SAN DIEC	O NERVE STUDY CE		(a) Enter hame and Envio	address (see instructions)		
SAN DIEG	O NERVE STODT CE	INTER				
33-057617	4					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
9 50	NONE	6000	Yes No 🛚	Yes No		Yes No
		1	a) Enter name and EIN or	address (see instructions)		
001171175	EXAS OPHTHALMOLO	<u>`</u>	a) Enter hame and Ent of	address (see mstrastions)		
74-233859	1					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
9 50	NONE	6000	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	I	
	EUROLOGY ASSOCIA	ATES				
59-291974	-7					<u>, </u>
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
9 50	NONE	6000	Yes No X	Yes No		Yes No

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Schedule C (Form 5500) 2016

answered	f "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	r address (see instructions)		
DAVID LIE	BON			ERING CIRCLE YNWYD, PA 19004		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5000	Yes No 🗵	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
MICHAEL	GREHER, PH.D.			RENTON STREET R, CO 80238		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5000	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

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Part I	Service Provider Information (continued)				
or provide questions provider g	ported on line 2 receipt of indirect compensation, other than eligible indirect compenses contract administrator, consulting, custodial, investment advisory, investment mars for (a) each source from whom the service provider received \$1,000 or more in indigave you a formula used to determine the indirect compensation instead of an amouries as needed to report the required information for each source.	nagement, broker, or recordkeeping rect compensation and (b) each so	g services, answer the following ource for whom the service		
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation		
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation		
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.		

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		

(a) Enter service provider name as it appears on line 2

(b) Service Codes (see instructions)

(c) Enter amount of indirect compensation

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Pa	II Service Providers Who Fail or Refuse to Provide Information				
4	Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete his Schedule.				
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide		
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide		

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Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed) **b** EIN: а Name: С Position: Address: e Telephone: Explanation: Name: **b** EIN: Position: e Telephone: Address: Explanation: **b** EIN: Name: Position: e Telephone: Address: Explanation: **b** EIN: Name: Position: Address: e Telephone: Explanation: а Name: **b** EIN: Position: Address: e Telephone: Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2016

This Form is Open to Public

					inspection	on
For calendar plan year 2016 or fiscal pla	n year beginning 04/01/2016	and endi	ng 03/31/	2017		
A Name of plan NFL PLAYER DISABILITY & NEUROC	OGNITIVE BENEFIT PLAN	В	Three-di plan nun	git nber (PN)	<u> </u>	501
C Plan sponsor's name as shown on lind DISABILITY BOARD OF THE NFL PLA	ne 2a of Form 5500 YER DISABILITY & NEUROCOGNITIVE BENEFIT	D	, ,	Identificatio 852594	n Number (EIN)

Part I Asset and Liability Statement

Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
C General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29766776	38931719
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	29766776	38931719
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
ı	Net assets (subtract line 1k from line 1f)	11	29766776	38931719

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.			
	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	140200000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		140200000
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-564	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		-564
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

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		F						
			(a	a) Amo	unt		(b) Total
	(6) Net investment gain (loss) from common/collective trusts	2b(6)						
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)						
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)						
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)						
	(10) Net investment gain (loss) from registered investment	2b(10)						31490
_	companies (e.g., mutual funds)							
C								15
u	Total income. Add all income amounts in column (b) and enter total	2d						140230941
	Expenses							
е	Benefit payment and payments to provide benefits:						ī	
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			11829	7253		
	(2) To insurance carriers for the provision of benefits	2e(2)						
	(3) Other	2e(3)						
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)						118297253
f	Corrective distributions (see instructions)	2f						
g								
	Interest expense							
i	Administrative expenses: (1) Professional fees	0:(4)			1594	4061		
-	(2) Contract administrator fees	0:(0)					-	
	• •	0:(0)			<u> </u>	5353		
	(3) Investment advisory and management fees	3:/4)			11129			
	(4) Other	0:/5\			1112	9331		40700745
	(5) Total administrative expenses. Add lines 2i(1) through (4)							12768745
J	Total expenses. Add all expense amounts in column (b) and enter total	2j						131065998
	Net Income and Reconciliation	2k						0464042
K	Net income (loss). Subtract line 2j from line 2d	ZK						9164943
ı	Transfers of assets: (1) To this plan	21/4)						
	(2) From this plan							
_							•	
	art III Accountant's Opinion							
	Complete lines 3a through 3c if the opinion of an independent qualified publi attached.	c accountant is	attached to	this F	orm 55	500. Cor	mplete line 3d i	f an opinion is not
	The attached opinion of an independent qualified public accountant for this p	olan is (see inst	tructions):					
_		Adverse	a dollorio).					
L		<u>′⊔</u>	20.40(1)0					V Na
	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.1	103-8 and/or 10)3-12(d)?				Yes	X No
С	Enter the name and EIN of the accountant (or accounting firm) below:		(2) =111					
	(1) Name: ABRAMS, FOSTER, NOLE & WILLIAMS P.A.		(2) EIN:	52-18	54049			
a	The opinion of an independent qualified public accountant is not attached be (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be at		ext Form 55	500 pur	suant 1	to 29 CF	FR 2520.104-50).
Pa	art IV Compliance Questions							
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs d 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j		lines 4a, 4e	e, 4f, 4g	g, 4h, 4	łk, 4m, 4	4n, or 5.	
	During the plan year:				Yes	No	An	nount
а	Was there a failure to transmit to the plan any participant contributions wit	hin the time						
_	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for an		ures until					
	fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction	n Program.)		4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in def							
	close of the plan year or classified during the year as uncollectible? Disre							
	secured by participant's account balance. (Attach Schedule G (Form 5500 checked.)	•	IS	4b		X		

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	_		Yes	No	An	nount
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
_			V			1000000
e f	Was this plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by	4e	X			1000000
•	, , , , , , , , , , , , , , , , , , , ,	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and	4:	X			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another	4j 4k	^	X		
ı	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	4m				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of	4n				
0	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	40				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	s X	No	Amo	unt:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident transferred. (See instructions.)	tify th	ne plan(s) to w	/hich assets or lia	abilities were
	5b(1) Name of plan(s)				5b(2) EIN(s)	5b(3) PN(s)
	the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section f "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan ye		21.)?	📋 Y	′es	Not determined See instructions.)
Par	Trust Information					
6a №	lame of trust			61	b Trust's EIN	
6c Name of trustee or custodian 6d Trustee's or custodian's telephone number						



NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN

Financial Statements and Independent Auditor's Report

Years Ended March 31, 2017 and 2016

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Williams, P.A.

INDEPENDENT AUDITOR'S REPORT

To The Disability Board of the NFL Player Disability & Neurocognitive Benefit Plan Baltimore, Maryland

We have audited the accompanying financial statements of the NFL Player Disability & Neurocognitive Benefit Plan ("Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of March 31, 2017 and 2016, the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2.A; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Certified Public Accountants & Business Advisors

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan (modified cash basis) as of March 31, 2017 and 2016 and the changes in net assets available for benefits (modified cash basis) for the years then ended, in accordance with the modified cash basis of accounting described in Note 2.A.

Basis of Accounting

We draw attention to Note 2.A of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) of investment and administrative expenses, assets held for investment purposes and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Abrams, Foster, Nole & Williams, P.A.

Alexan, Foster, Nole & William, P.A.

Certified Public Accountants

Baltimore, Maryland

October 27, 2017

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Statements of Net Assets Available for Benefits (Modified Cash Basis) March 31, 2017 and 2016

2017 2016

ASSETS

Investments, at fair value

\$ 38,931,719

\$ 29,766,776

NET ASSETS AVAILABLE FOR BENEFITS

Net Assets Available for Benefits

\$ 38,931,719

\$ 29,766,776

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis) Years Ended March 31, 2017 and 2016

		<u>2017</u>	<u>2016</u>
	ADDITIONS		
Interest income Less: investment expenses Net reductions Employer contributions Total additions		\$ 30,941 45,353 (14,412) 140,200,000 140,185,588	\$ 2,333 40,561 (38,228) 110,000,000 109,961,772
	DEDUCTIONS		
Disability benefits paid to participants Administrative expenses Total deductions		118,297,253 12,723,392 131,020,645	98,933,122 5,669,720 104,602,842
Net increase for the year ended Net assets available for benefits: Beginning of year		9,164,943	5,358,930 24,407,846
End of Year		\$ 38,931,719	\$ 29,766,776

[&]quot;The accompanying notes are an integral part of the Financial Statements"

1. DESCRIPTION OF THE PLAN

The following brief description of the NFL Player Disability & Neurocognitive Benefit Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information. Capitalized terms have the meaning provided for in the Plan document.

A. General

The 1993 Collective Bargaining Agreement ("CBA") between the National Football League Players Association ("NFLPA") and the National Football League Management Council ("NFLMC") provided for the establishment of the Plan, which currently provides total and permanent disability benefits, line-of-duty disability benefits, and neurocognitive disability benefits to certain eligible Players.

The Plan, formerly named the "NFL Player Supplemental Disability Plan," initially provided only supplemental total and permanent disability benefits to Players who qualified for those benefits under the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Pension Plan"). The 2011 CBA continued and improved supplemental total and permanent disability benefits under the Plan, created a new benefit for Players suffering from neurocognitive impairments, and provided that the payment for certain additional disability benefits would be transitioned from the Pension Plan to the Plan.

Effective September 1, 2011, the Plan was amended to include the neurocognitive benefit provided for under the 2011 CBA and was renamed the "NFL Player Supplemental Disability & Neurocognitive Benefit Plan." Effective April 1, 2014, the Plan was restated and its current name, the "NFL Player Disability & Neurocognitive Benefit Plan," was adopted. The April 1, 2014 restatement provides that all total and permanent disability benefits relating to initial disability claims filed on and after January 1, 2015 will be paid out of the Plan, and that all line-of-duty disability benefits for periods on and after January 1, 2015 will be paid out of the Plan, other than certain line-of-duty disability benefits that will continue to be paid by the Pension Plan. The Pension Plan will continue to pay certain total and permanent disability benefits based on disability claims filed prior to January 1, 2015.

The Plan is an employee welfare benefit plan within the meaning of Section 3(1) of the Employee Retirement Income Security Act of 1974, as amended.

1. DESCRIPTION OF THE PLAN (Continued)

B. Funding Policy

Contributions are made to the Trust which constitutes a Voluntary Employees' Beneficiary Association (VEBA). A VEBA is a welfare trust under IRC Section 501(c)(9). Pursuant to the 2011 CBA, NFL Member Clubs have agreed to contribute to the Trust, on at least a quarterly basis, amounts sufficient to pay estimated Plan benefits and expenses. The Trust holds the Plan's assets for the exclusive benefit of eligible participants.

C. Eligibility

A Player is eligible to receive benefits under this Plan if he meets the applicable standards of Plan Sections 3.1, 4.1, 5.1, or 6.1.

D. <u>Disability Benefits</u>

Three types of disability benefits are provided for under the terms of the Plan: total and permanent disability benefits, line-of-duty disability benefits, and neurocognitive disability benefits. Eligible Players receive a monthly benefit in accordance with the terms of the Plan.

E. Plan Amendment or Termination

The Plan may only be amended or terminated by joint action of the NFLPA and the NFLMC while there is a collective bargaining agreement in effect. If no collective bargaining agreement is in effect, then the Plan may be amended by the Disability Board, and if no collective bargaining agreement has been in effect for more than one year, the Plan may be terminated by the Disability Board. No amendment or termination of the Plan may permit Trust assets to revert to, or be used or enjoyed by, an Employer, the League, or the NFLPA.

2. SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The accounting records of the Plan are maintained on the modified cash basis of accounting. Consequently, contributions and interest income are recognized when collected and expenses are recognized when paid. No recognition is given to assets and liabilities, except for amounts which arise from the cash transactions of the Plan. Accordingly, the accompanying financial statements are not intended to present net assets and changes in net assets in conformity with accounting principles generally accepted in the United States of America.

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

B. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

C. <u>Investment Valuation and Income Recognition</u>

Investments are reported at fair value. Note 9 describes the Plan's fair value criteria.

D. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

E. Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

3. INCOME TAX STATUS

On July 1, 1994, the Internal Revenue Service ("IRS") granted tax-exempt status to the Plan's trust under Section 501(c)(9) of the Internal Revenue Code ("IRC"). Accordingly, the trust's net investment income is exempt from income taxes. The Disability Board believes that the Plan's trust continues to be tax-exempt under IRC Section 501(c)(9).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to March 31, 2014.

3. INCOME TAX STATUS (Continued)

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Disability Board is not aware of any course of action or series of events that have occurred that will adversely affect the Plan's tax-exempt status at March 31, 2017.

4. PLAN AMENDMENTS

The Plan was amended during the period under audit. Changes included: (a) extending the deadline for the submission of applications for neurocognitive disability benefits to December 31, 2018; (b) revising claims administration procedures; and (c) revising the standard for mild and moderate neurocognitive disability benefits.

5. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

6. RISKS AND UNCERTAINTIES

The Plan provides for investments in various investment securities that are exposed to certain risks such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, changes in value of investment securities could occur in the near term and these changes could materially affect the amounts reported in the statement of net assets available for benefits.

7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Bank of New York Mellon is the Trustee of the Plan and provides investment custody services to the Plan. Fees paid to The Bank of New York Mellon for these services for the years ended March 31, 2017 and 2016 were \$45,353 and \$40,561, respectively. As described in Note 2.E, the Plan paid certain other expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

During the Plan year ended March 31, 2017, the Plan incurred certain administrative expenses paid by the Bert Bell/Pete Rozelle NFL Player Retirement Plan. For the Plan years ended March 31, 2017 and 2016, the amount reimbursed was \$5,021,318 and \$985,955, respectively.

8. INVESTMENTS

The Trustee and custodian of the Plan's securities is The Bank of New York Mellon.

The investments that represent more than 5% of the Plan's net assets as of March 31, 2017 and 2016, respectively are as follows:

 2017
 2016

 Interest bearing cash
 \$ 38,931,719
 \$ 29,766,776

9. FAIR VALUE MEASUREMENTS

Accounting Standards Codification ASC 820-10-50-2, formerly Financial Accounting Standards Board (FASB) Statement No. 157, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10-50-2 are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the assets or liabilities; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

9. FAIR VALUE MEASUREMENTS (Continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of March 31, 2017.

Treasury Prime Cash: Value at the closing price reported on the active market on which the securities are traded.

The method described above may produce a fair value calculation that may not be indicative of net realized value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level, within fair value hierarchy, the Plan's assets at fair value as of March 31, 2017 and 2016:

Assets at Fair Value as of March 31, 2017:

	Level 1	Level 2	Level 3	Tot	al Fair Value
Interest bearing cash	\$ 38,931,719	\$ -	\$ -	\$	38,931,719

Assets at Fair Value as of March 31, 2016:

	Level 1	<u>Level 2</u>	Level 3	Tot	al Fair Value
Interest bearing cash	\$ 29,766,776	\$ -	\$ -	\$	29,766,776

9. FAIR VALUE MEASUREMENTS (Continued)

Transfers between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

There were no transfers of assets between Level 1, 2, or 3 classifications for the years ended March 31, 2017 and March 31, 2016.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There were no reconciling differences, the net assets available for benefits per financial statement agree to net assets available for benefits per the Form 5500. Benefits paid to participants per the financial statement also agree to benefits paid to participants per the Form 5500.

11. SUBSEQUENT EVENTS

FASB Accounting Standards Codification ASC 855-10-50, Subsequent Events, requires organizations to evaluate events and transactions that occur after the statement of financial position date but before the date the financial statements are available to be issued. ASC 855-10-50 requires entities to recognize in the financial statements the effect of all events or transactions that provide additional evidence of conditions that existed at the statement of financial position date, including the estimates inherent in the financial statement preparation process. Subsequent events that provide evidence about conditions that arose after the statement of financial position date should be disclosed if the financial statements would otherwise be misleading. Plan management has evaluated subsequent events through the date the financial statements were available to be issued on October 27, 2017 and determined there were no material transactions which need to be disclosed.

SCHEDULES OF INVESTMENT AND ADMINISTRATIVE EXPENSES

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Schedules of Investment and Administrative Expenses (Modified Cash Basis) Years Ended March 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
INVESTMENT EXPENSES		
The Bank of New York Mellon-Custodian fees	\$ 45,353	\$ 40,561
ADMINISTRATIVE EXPENSE	CS	
Recordkeeping, Auditing & Administrative Fees		
Aon	\$ 150,238	\$ 86,924
Abrams, Foster, Nole & Williams, P.A.	21,100	20,700
Attorney Fees		
Groom Law Group	1,422,723	522,772
Other		
Player medical and travel expenses	5,454,011	3,659,542
Plan office operating expenses	5,021,318	985,955
Medical consulting	519,000	315,000
Conservatorship related expenses	103,559	42,984
Printing expenses	31,443	35,843
Total Administrative Expenses	\$12,723,392	\$ 5,669,720

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, SCHEDULE H, 4i

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Supplemental Schedule of Assets Held for Investment Purposes Schedule H, 4i Year Ended March 31, 2017

	Number of				
	Shares	Cost		Fair Value	
Dreyfus Treasury Prime Cash	38,931,719	\$	1.00	\$	38,931,719

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Supplemental Schedule of Reportable Transactions Schedule H, 4j Year Ended March 31, 2017

Single Transactions in Excess of Five Percent of the Beginning Value of Plan Assets 5% Value: \$ 1,488,339

Identity of Issue	Description	Cost of Acquisition	Proceeds of Disposition
BNY Mellon Cash Reserve	Cash and cash equivalents	\$ 1,710,812	\$ -
BNY Mellon Cash Reserve	Cash and cash equivalents	-	1,710,812
BNY Mellon Cash Reserve	Cash and cash equivalents	3,005,856	, , , , , , , , , , , , , , , , , , ,
BNY Mellon Cash Reserve	Cash and cash equivalents	-	3,006,000
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	8,539,717
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	8,539,830
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	8,614,119
Dreyfus Treasury Prime Cash	Cash and cash equivalents	27,729,599	-
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	8,725,593
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	8,844,457
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	8,097,348
Dreyfus Treasury Prime Cash	Cash and cash equivalents	1,700,012	-
Dreyfus Treasury Prime Cash	Cash and cash equivalents	37,358,000	-
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	9,102,067
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	9,166,951
Dreyfus Treasury Prime Cash	Cash and cash equivalents	18,455,773	-
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	18,460,985
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	9,147,966
Dreyfus Treasury Prime Cash	Cash and cash equivalents	31,894,900	-
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	9,465,519
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	5,089,215
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	9,512,480
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	9,741,322
Dreyfus Treasury Prime Cash	Cash and cash equivalents	3,016,473	-
Dreyfus Treasury Prime Cash	Cash and cash equivalents	36,892,097	-

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Supplemental Schedule of Reportable Transactions Schedule H, 4j Year Ended March 31, 2017

Series of Transactions in Excess of Five Percent of the Beginning Value of Plan Assets 5% Value: \$ 1,488,339

Identity of Issue	Description	Cost of Acquisition	Proceeds of Disposition	
BNY Mellon Cash Reserve	Cash and cash equivalents	\$ 4,753,998	\$ -	
BNY Mellon Cash Reserve	Cash and cash equivalents	-	4,753,998	
Dreyfus Treasury Securities	Cash and cash equivalents	157,649,391	-	
Dreyfus Treasury Securities	Cash and cash equivalents	-	148,486,050	

Case 1:23-cv-00358-JRR



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NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Supplemental Schedule of Reportable Transactions Schedule H, 4j Year Ended March 31, 2017

Single Transactions in Excess of Five Percent of the Beginning Value of Plan Assets 5% Value: \$ 1,488,339

		Cost of	Proceeds of Disposition	
Identity of Issue	Description	Acquisition		
BNY Mellon Cash Reserve	Cash and cash equivalents	\$ 1,710,812	\$ -	
BNY Mellon Cash Reserve	Cash and cash equivalents	-	1,710,812	
BNY Mellon Cash Reserve	Cash and cash equivalents	3,005,856	-	
BNY Mellon Cash Reserve	Cash and cash equivalents	-	3,006,000	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	8,539,717	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	8,539,830	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	8,614,119	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	27,729,599	-	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	8,725,593	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	8,844,457	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	8,097,348	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	1,700,012	-	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	37,358,000	-	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	9,102,067	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	9,166,951	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	18,455,773	-	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	18,460,985	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	9,147,966	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	31,894,900	-	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	9,465,519	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	5,089,215	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	9,512,480	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	-	9,741,322	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	3,016,473	-	
Dreyfus Treasury Prime Cash	Cash and cash equivalents	36,892,097	-	

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Supplemental Schedule of Reportable Transactions Schedule H, 4j Year Ended March 31, 2017

Series of Transactions in Excess of Five Percent of the Beginning Value of Plan Assets 5% Value: \$ 1,488,339

Identity of Issue	Description	Cost of Acquisition	Proceeds of Disposition
BNY Mellon Cash Reserve	Cash and cash equivalents	\$ 4,753,998	\$ -
BNY Mellon Cash Reserve	Cash and cash equivalents	-	4,753,998
Dreyfus Treasury Securities	Cash and cash equivalents	157,649,391	-
Dreyfus Treasury Securities	Cash and cash equivalents	-	148,486,050

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN Supplemental Schedule of Assets Held for Investment Purposes Schedule H, 4i Year Ended March 31, 2017

	Number of				
	Shares	Cost		Fair Value	
Dreyfus Treasury Prime Cash	38,931,719	\$	1.00	\$	38,931,719